



THE EIGHTY-SEVENTH
ANNUAL REPORT
UPON THE
HEALTH OF LEICESTER
FOR THE YEAR 1935

BY

E. K. MACDONALD, M.D., B.S., D.P.H.
MEDICAL OFFICER OF HEALTH.


APPENDICES

INCLUDING

- I. REPORT of the TUBERCULOSIS OFFICER.
- II. REPORT on the ISOLATION HOSPITAL AND SANATORIUM.
- III. REPORT on the CITY GENERAL HOSPITAL.
- IV. REPORT on the ORTHOPAEDIC DEPARTMENT
- V. REPORT of the MATERNITY and CHILD WELFARE MEDICAL OFFICER.
- VI. REPORT of the CITY ANALYST.
- VII. REPORT of the CHIEF SANITARY INSPECTOR.
- VIII. REPORTS of the V.D. MEDICAL OFFICERS.
- IX. FINANCIAL TABLES

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The Health Committee, together with the following co-opted members, not being members of the City Council, constitute the Statutory Maternity and Child Welfare Committee :—Mrs. Banton, Mrs. Cooper, Mrs. Taylor, Miss E. J. Windley, B.A.

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" RUSSELL.

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ALD. WILFORD.

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MISS FORTEY.	MR. RUSSELL.
„ FRISBY.	ALD. WILFORD.

Staff of the Health Department

(As constituted January, 1936.)

Medical Officer of Health.

E. K. MACDONALD, M.D., B.S., D.P.H.

Assistant Medical Officers.

<i>Tuberculosis Officer and Assistant M.O.H.</i>	WYVILLE S. THOMSON, M.D., D.P.H.
<i>Assist. Tuberculosis Officer</i>	E. G. LAWRIE, M.B.
<i>Medical Supt. City General Hospital</i>	E. C. HADLEY, M.D. (LOND.), F.R.C.S.
<i>Deputy Medical Superintendent</i>	† A. P. M. PAGE, M.D. (Lond.), M.R.C.P. (Lond.).
<i>Resident Medical Officers</i>	{ E. A. BYRNE, M.B., Ch.B. † R. M. CASE, M.B., Ch.B., M.R.C.S., L.R.C.P. † L. V. ROBERTS, M.B., Ch.B.
<i>Consulting Physicians</i>	{ J. V. C. BRAITHWAITE, M.D., M.R.C.P. R. M. CAIRNS, M.D.
<i>Consulting Ear, Nose and Throat Surgeon</i> ..	N. E. KENDALL, F.R.C.S.
<i>Consulting Ophthalmic Surgeon</i>	A. L. McCURRY, M.D., B.Ch.
<i>Consulting Dermatologist</i>	F. A. E. SILCOCK, M.D.
<i>Visiting Radiologist</i>	D. F. LAWSON, D.M.R.E., M.A., M.R.C.S., B.Ch.
<i>Visiting Anaesthetists</i>	{ D. JUSTIN DAVIES, M.B., M.R.C.S., D.A. MRS. PHILIP MASON, M.R.C.S.,
<i>Medical Supt. Isolation Hospital and Sanatorium</i>	J. C. H. MACKENZIE, M.B., D.P.H.
<i>Senior Resident Medical Officer & Pathologist</i>	E. M. WARD, M.B. (LOND.), M.R.C.S.
<i>Resident Medical Officers</i>	{ A. L. F. THOMSON, M.B., Ch.B. W. W. WILDMAN, M.B., Ch.B., D.P.H. * J. CARSON, M.B., B.Ch., M.D., D.P.H.
<i>Maternity and Child Welfare Officer</i>	E. B. B. HUMPHREYS, M.B.
<i>Orthopaedic Surgeon</i>	LESLIE MORRIS, M.D., F.R.C.S.
<i>Medical Officer, Westcotes Maternity Home</i> ..	T. W. ALLEN, B.A., M.B., B.A.O.
<i>Medical Officer, Female Venereal Disease Clinics</i>	B. W. SYMINGTON, M.D. (LOND.).
<i>Asst. Med. Off.</i>	MRS. M. H. NEWTON-DAVIS, M.B. (LOND.)
<i>Medical Officer, Male Venereal Disease Clinics</i>	C. H. WILKIE, M.B., B.Sc.
<i>Asst. Med. Off.</i>	H. N. C. ATKINSON, M.R.C.S.
<i>Public Vaccinators</i>	{ A. J. L. SPEECHLY, M.R.C.S. J. W. FORDHAM, M.R.C.S.

* Appointed January, 1936.

† .. February, 1936.

Secretary of Health Department.

WILFRID CARR, F.C.C.S.

Matrons.

<i>City General Hospital</i>	Miss N. N. CLAYE.
<i>Isolation Hospital and Sanatorium</i>	„ B. NESBITT.
<i>Maternity Home</i>	„ EDITH BRADSHAW.
<i>Day Nursery</i>	„ ALICE M. MASON.

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Chief Clerk, Sanitary Office	T. P. POYNOR.
General Clerks—					
F. KELLETT.		Miss D. R. POTTERTON.		Miss V. DAWN.	
E. SLINGSBY.		„ K. M. TUSTAIN.		„ E. E. BATTLE.	
G. H. SEAL.		„ E. WHITWELL.		„ D. SMITH.	
R. FIELDMAN.		„ E. GALLIARD.			
Tuberculosis Dispensary	..	..	..	..	{ Miss J. HEATON. „ R. BREWARD.
Isolation Hospital and Sanatorium	..	..	..	..	{ Miss V. ALLSOP. „ M. F. HALE.
City General Hospital—					
Steward	..	..	..	..	E. H. BALL.
Asst. Steward	..	..	..	..	S. WHATSIZE.
Clerks	..	..	..	..	{ L. HEATHERLEY. Miss J. THOMPSON. K. M. HAYLOCK. J. GUILLAIN.
Milk Depot	..	..	..	..	{ Mrs. BREWIN. Miss A. JESSON.
Vaccination Officer	..	..	..	..	J. H. LOCKWOOD

Public Analyst's Laboratory.

<i>Public Analyst</i>..	..	..	..	..	..	F. C. BULLOCK, B.Sc., F.I.C.
<i>Laboratory Assistants</i>	..	..	..	..	{	J. L. PINDER, B.Sc., A.I.C. C. HYDE.

Sanitary Inspectors.

<i>Chief Inspector</i>	..	..	..	..	..	F. G. McHUGH, 1 3 4 5
<i>Deputy Chief Inspector</i>	..	..	..	..	..	A. T. PRICE, 1 3

Inspectors—

R. T. BLAYLOCK, 1 3 4 7	*A. McCARTNEY, 2 15
*T. W. BERESFORD, 2 3	F. W. MURRAY, 7 8
*F. BURKE, 2 3	W. MUSTON, 1 3
*H. BURLEY, 2 3	J. W. NORTH, 1 3
H. CLOUGH, 1 3	E. OWEN, 2 3
M. C. CRIPPS, 1 3	W. J. PARKINSON, 1 3 6
H. ELKINGTON, 3 5	*G. V. PENN, 2 3
*T. H. EVANS, 2 3	*A. SMITH, 2 3
R. V. FIDDES, 1 3	E. THOMPSON, 1 3
*G. H. FYFE, 2 3	G. H. WATMOUGH, 1 3
W. J. GETGOOD, 1 3 4	A. WELTON, 1 3
T. HINES, 1 3	J. WRIGHT, 2 3
*C. JONES, 14 7	J. YATES, 1 3
W. C. LONG, 1 3	

* Appointed February, 1936

Health Visitors.

<i>Superintendent</i>	MRS. REED, 9 10
--------------------------	----	----	----	----	----	-----------------

District Health Visitors—

MISS M. ASH, 9 11 12 13	MISS M. D. LLOYD, 9 11 12 13
„ L. CHAMBERS, 9 11 13	„ D. L. MALLISON, 9 11 12 13
„ M. CONLON, 9 11 12 13	„ J. G. MASTERS, 9 10
„ E. M. CRAGG, 9 10 11 13	„ E. R. MATTHEWS, 9 11 13
„ H. M. DENSHAM, 9 11 12 13	„ S. H. G. PAYNE, 9 11 12 13
„ A. M. M. GIRDLESTONE, 9 11 12 13	„ H. E. RICH, 9 11 12 13
„ H. HIRD, 9 12	„ L. WALKER, 9
„ A. KAVANAGH, 9 11 12 13	„ M. R. WHITE, 9 11 12 13
„ F. KEYNES, 9 11 12 13	„ E. WILFORD, 9 11 13
„ B. M. LANGTON, 9 11 12 13	„ E. L. WOLLASTON, 9 11 13

<i>Manageress of Milk Depot</i>	MRS. E. STANION, 10
---------------------------------	----	----	----	----	----	---------------------

<i>Tuberculosis Nurses</i>	{ MISS F. BEASLEY, 9 11 13 „ E. MOUND, 9 11 13 „ C. NEILL, 11
----------------------------	----	----	----	----	----	---------------------------------------------------------------------

1. Holds Sanitary Inspector's Certif. Roy. San. Inst.
2. Holds Royal Sanitary Institute and Sanitary Inspectors Exam. Joint Board Certificate.
3. Holds Meat and Food Inspector's Certif. Roy. San. Inst.
4. Holds Certif. of Roy. San. Inst. for San. Science as applied to Buildings and Public Works.
5. Holds Sanitary Inspector's Certif. under Public Health (London) Act, 1891.
6. Holds Sanitary Inspector's Certif. San. Inspector's Assocn.
7. Holds Certif. of Royal San. Assocn. of Scotland for Meat Inspection.
8. Holds Certif. of Royal San. Assocn. of Scotland for Sanitary Science.
9. Holds Certif. of the Central Midwives' Board.
10. Holds Health Visitors' Certif. of the Roy. San. Inst.
11. Holds Certif. as fully Trained Nurse.
12. Holds Health Visitors' Certificate.
13. Holds State Registered Nursing Certificate.
14. Holds the Royal Sanitary Association of Scotland (Sanitary Science) Certificate.
15. Holds Liverpool University Certificate of Competency as Meat and Food Inspector.

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SUMMARY OF STATISTICS

FOR THE YEAR 1935.

CITY OF LEICESTER.

Population at Census, 1931	239,169
„ (estimated) at Mid-year 1935	261,000
Marriages	2,263
Births (corrected)	3,571
Birth-rate	13.94
Deaths (corrected for transferable deaths)	2,974
Death-rate	11.61
(Standardised death-rate=11.84)	
Deaths under One Year	212
Infant Mortality (per 1,000 Births)	59.4
Maternal Mortality (per 1,000 live births)	6.16
Zymotic-rate (per 1,000 population)	0.43
Respiratory-rate „ „	1.01
Cancer-rate „ „	1.59
Tuberculosis-rate „ „	0.98
Phthisis-rate „ „	0.91
Correction Factor (R.G.)	1.02

Area of City (in acres) as extended April, 1935	16,979
Number of persons per acre at Census, 1931	27.9
Number of persons per “structurally separate dwelling” at Census, 1931	3.80
Number of Inhabited Tenements, January, 1936	73,891
Number of Empty Houses, January, 1936	769
Number of Empty Cottages, January, 1936	463
Rateable value (1935-1936)	£1,874,184
General Rate for the year, 1935-1936	13s. 2d. in the £
Produce of 1d. Rate (for 1934-1935) net	£6,802

	England & Wales	121 County Boro's and Great Towns including London	London Adminis- trative County
Birth-rate	14.7	14.8	13.3
Death-rate	11.7	11.8	11.4
Infant Mortality (per 1,000 Births,	57.0	62.0	58.0

(Registrar General's Figures.)

APPENDIX IX.

List of Financial Tables

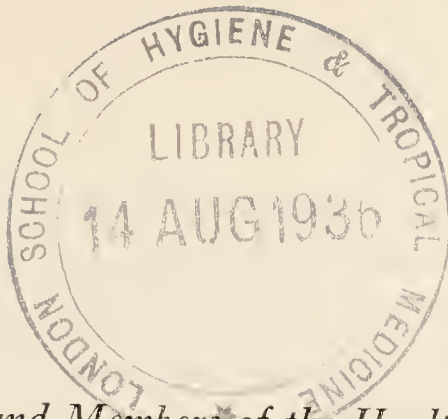
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To the Chairman and Members of the Health Committee

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit herewith the Annual Report on the Health of the City of Leicester for the year 1935, my first report as your Medical Officer.

The year 1935 was a momentous one for the Health Services of this City as by the retiral of Dr. C. Killick Millard on superannuation, the Department lost the valued guidance of one who had presented no fewer than thirty-four Annual Reports. The enormous growth of the Department during those years, and the striking improvement in the Public Health, outlined in the opening letter to his last report, bare eloquent testimony to the devoted service he must have given to the City. I cannot do more than say that, since I have taken up this office, I have been immensely impressed by the very high regard and affection in which he is held by every member of the Staff.

The year was not otherwise a notable year in the Health records of the City. Only one new record was achieved, that of the death-rate from tuberculosis, but as an instance of the value of preventive medicine, this new low record in itself is a matter for congratulation. The general death-rate was satisfactorily low, the birth rate reasonably high, and the infantile mortality rate has only been improved upon on a few occasions.

The incidence of infectious disease was not abnormal except that the epidemic of scarlet fever which commenced in 1934 continued during 1935, that a larger number of cases of the typhoid fevers occurred than usual, and that there was a slight outbreak of infantile paralysis in August.

A black spot in the statistics is the high maternal mortality rate. A full discussion of this will be found in the report.

The work of the various Hospitals and Sub-Departments of the Health Department has continued as usual during the year. Full details will be found in the appropriate sections.

For convenience of reference, the various Tables, other than the Financial Tables, are inserted in the appropriate part of the Text instead of at the end of the report as formerly.

Finally, Sir, may I express to you and to your Committee my grateful thanks for the kindness of your reception of myself. The taking over of a position such as that of Medical Officer of Health of a City the size of Leicester is fraught with difficulties which might be felt both by the Committee and Official, but, speaking for myself, I am glad to say that whatever difficulties there may have been they have been entirely removed by the consideration which I have received at your hands.

Similarly, to every member of the Staff I would like to tender my real gratitude for their co-operation with me at the commencement of my life in Leicester.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

E. K. MACDONALD, M.D., B.S., D.P.H.,

Medical Officer of Health.

Health Department,
Grey Friars,
Leicester.

July 1st, 1936.

SECTION A.

**Statistics and Social
Conditions**

ANNUAL REPORT, 1935

(The Report takes the form requested by the Ministry of Health in Circular 1492)

SECTION A. Statistics and Social Conditions of the Area

The City of Leicester lies in the centre of England, in the middle of an agricultural district. The situation of the City is important for many reasons but probably the most important from the point of view of health is that as there is no large town within many miles and the real countryside is only three or four miles from the centre of the City, no smoke-laden clouds reach us from our neighbours and the atmosphere is proportionately cleaner.

Leicester is a prosperous city, the staple industries, hosiery and boots and shoes, providing a large volume of employment. So that although there is a certain amount of unemployment, it does not reach the unfortunate proportion met with in some parts of England.

Comments on the Vital Statistics.

General Note.

Owing to the extension of the City boundary which occurred on April 1st, 1935, in calculating the following rates, it is necessary to arrive at a population figure that will suffice for the whole of the period under review. For this purpose the Registrar General has estimated the population as 256,100 and on this population the rates are calculated.

The estimated population, however, for the enlarged City at the middle of 1935 was 261,000.

Births.

The corrected number of births for the year was 3,571 (M.1,886, F.1685) compared with 3,417 for the previous year. The birth rate was 13.94 compared with 14.17 for 1934.

TABLE 1.—Vital Statistics of whole District during 1935 and previous years. City of Leicester.												
YEAR.	Population estimated to middle of each year, revised in light of 1921 and 1931 Census.	BIRTHS.			TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NET DEATHS BELONGING TO THE DISTRICT.			
		Un-corrected Number.	Net.		Number.	Rate.	Of Non-residents registered in the District.	Of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.	
			(4)	Rate.					(10)	Rate per 1000 Net Births.	Number.	Rate (13)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1920	236,873	5934	5905	24.91	2535	10.69	173	512	528	89.4	2874	12.13
1921	237,900	5074	5097	21.42	2527	10.62	182	532	438	85.9	2877	12.09
1922	238,240	4729	4646	19.50	2675	11.22	181	544	408	87.8	3038	12.71
1923	238,580	4647	4593	19.25	2396	10.04	182	560	386	84.0	2774	11.63
1924	238,920	4466	4380	18.33	2511	10.50	218	638	346	77.4	2931	12.27
1925	239,260	4316	4197	17.54	2709	11.32	212	637	368	87.6	3134	13.10
1926	239,600	4268	4119	17.19	2542	10.60	214	649	319	77.4	2977	12.42
1927	239,940	4124	3965	16.53	2657	11.07	273	660	298	75.1	3044	12.69
1928	240,280	4216	3988	16.60	2395	9.96	268	621	282	70.7	2748	11.44
1929	240,620	4044	3747	15.57	2946	12.24	277	748	301	80.3	3417	14.20
1930	240,960	4171	3872	16.07	2345	9.73	204	603	216	55.7	2744	11.39
1931	241,300	3950	3684	15.28	2673	11.09	342	653	235	63.7	2984	12.38
1932	240,800	3846	3583	14.88	2686	11.15	349	685	251	70.0	3022	12.55
1933	241,500	3532	3242	13.42	2750	11.39	356	689	242	74.65	3082	12.77
1934	241,100	3749	3417	14.17	2478	10.28	335	688	180	52.68	2831	11.74
1935	261,000	4025	3571	13.94	3075	12.07	340	239	212	59.37	2974	11.61
Number of inhabited houses, January, 1935		..		73,891		Area of District in acres (exclusive of						
Average number of persons per house, Census, 1931		..		3.79		area covered by water) 16,979						
NOTE.—This Table has been filled in, in accordance with the instructions given on the form supplied by the Ministry of Health.												

TABLE 2.

LEICESTER BOROUGH.

Showing estimated Population, Birth-rates, and Death-rates
(General and Zymotic) per 1000 living during the last 38 years,
1898-1935.

Year. (1)	Estimated Population. (2)	Birth Rate. (3)	Death Rate. (4)	Zymotic (Death) Rate. (5)	Infant Mortality. (6)
1898	201,250	30.5	17.2	3.4	191.1
1899	204,900	30.6	18.1	3.4	196.0
1900	208,600	29.7	17.8	3.6	174.1
1901	212,498	29.0	15.7	2.3	178.0
1902	213,974	29.5	14.8	1.5	153.3
1903	215,461	27.9	14.2	1.4	161.3
1904	216,958	27.5	15.0	2.0	161.1
1905	218,464	26.9	14.0	1.6	146.5
1906	219,980	26.6	15.1	2.4	166.2
1907	221,508	24.9	13.4	.9	130.1
1908	223,046	25.4	13.9	1.6	129.7
1909	224,595	24.1	14.0	1.3	126.6
1910	226,154	23.7	12.4	.7	126.3
1911	227,634	22.9	13.4	1.4	130.0
1912	229,294	22.5	13.5	.9	109.0
1913	230,970	22.8	13.3	.7	119.3
1914	232,664	22.1	14.1	1.1	119.9
1915	232,664	20.8	14.9	.5	122.8
1916	225,907	20.7	13.6	.8	104.8
1917	217,537	16.9	13.5	.7	105.0
1918	217,537	14.9	17.8	.5	108.1
1919	236,059	15.3	13.0	.3	98.0
1920	236,874	24.9	12.1	.8	89.4
1921	237,900	21.4	12.0	.5	85.9
1922	238,240	19.5	12.7	.5	87.8
1923	238,580	19.2	11.6	.4	84.0
1924	238,920	18.3	12.3	.7	79.0
1925	239,260	17.5	13.1	1.3	87.6
1926	239,600	17.2	12.4	.7	77.4
1927	239,940	16.5	12.7	.5	75.1
1928	240,280	16.6	11.4	.2	70.7
1929	240,620	15.6	14.2	1.3	80.3
1930	240,960	16.1	11.4	.4	55.7
1931	241,300	15.3	12.4	.5	63.7
1932	240,800	14.9	12.5	.8	70.0
1933	241,500	13.4	12.8	1.0	74.6
1934	241,100	14.2	11.7	.4	52.7
1935	261,000	13.9	11.6	.4	59.4

The above figures have been revised in the light of the census figures of the different census years. The population for the year 1920 having been considerably over-estimated has necessitated important corrections in that year.

TABLE 3

Showing the Population, Birth-rates, Death-rates, Zymotic Death-rates,

NAME OF TOWN	Population as estimated by the Registrar General Mid-1935	Compara- bility Factor	Per 1,000 Population		Death Rate as adjusted by Factor	DEATH RATES		
			Birth Rate	Crude Death Rate		Small- pox	Measles	Scarlet Fever
1. CROYDON ..	242,100	0.96	13.60	10.10	9.69	—	—	—
2. BRISTOL ..	412,625	0.98	13.85	10.79	10.57	0.00	0.03	0.02
3. LONDON ..	4,185,200	1.02	13.32	11.43	11.65	—	0.00	0.01
4. PORTSMOUTH ..	250,200	0.99	14.81	11.82	11.70	—	—	0.02
5. BIRMINGHAM ..	1,033,000	1.10	15.40	10.90	11.99	—	0.05	0.01
6. PLYMOUTH ..	203,600	0.98	15.00	12.25	12.00	—	0.02	0.00
7. WEST HAM ..	270,700	1.15	15.50	10.70	12.30	—	0.02	0.02
8. NOTTINGHAM	280,200	1.03	15.69	12.51	12.88	—	0.07	0.02
9. CARDIFF ..	221,400	1.06	15.20	12.30	13.03	—	0.12	0.01
10. HULL	322,200	1.10	18.40	12.20	13.42	—	0.09	0.02
11. SHEFFIELD ..	520,500	1.13	14.747	11.89	13.44	—	0.02	0.01
12. LEICESTER ..	261,000	1.02	13.94	11.61	11.84	—	0.04	0.004
13. LEEDS	487,200	1.07	14.80	13.20	14.12	—	0.01	0.01
14. NEWCASTLE ..	292,700	1.13	16.00	12.60	14.23	—	0.06	0.01
15. BRADFORD ..	292,200	1.00	13.55	14.30	14.30	0.00	0.03	0.03
16. SUNDERLAND ..	185,100	1.12	19.90	13.00	14.56	0.00	0.23	0.03
17. MANCHESTER ..	776,028	1.14	14.53	12.91	14.71	—	0.13	0.02
18. STOKE-on-TRENT	274,100	1.22	16.60	12.30	15.00	0.00	0.00	0.00
19. LIVERPOOL ..	867,110	1.15	20.00	13.20	15.18	—	0.19	0.00
20. SALFORD ..	210,000	1.18	15.97	13.09	15.44	—	0.02	—

Maternal Mortality, etc., in 20 Large Towns for the year 1935.

per 1,000 POPULATION FROM :—							Infantile Mortality Rate	MATERNAL MORTALITY (per 1,000 Total Births)		
Whooping Cough	Diphtheria	Typhoid and Para- typhoid	Diarrhoea (under 2 years)	Influenza	Tuberculosis			From Sepsis	From Other Causes	Total
					Pulmonary	Other Forms				
0.00	0.04	—	0.08	0.09	0.61	0.09	45	2.06	1.18	3.24
0.00	0.03	0.00	0.04	0.08	0.71	0.09	43	0.84	1.67	2.51
0.04	0.06	0.00	0.01	0.11	0.68	0.09	58	1.13	1.39	2.52
0.03	0.15	0.00	0.05	0.17	0.76	0.08	46	2.87	1.04	3.91
0.06	0.08	0.00	0.01	0.15	0.71	0.08	64	1.40	2.00	3.40
0.01	0.11	—	0.08	0.04	0.55	0.14	59	2.85	2.15	5.00
0.04	0.10	0.00	0.06	0.06	0.82	0.09	45	1.39	1.84	3.23
0.02	0.05	0.00	0.18	0.14	0.84	0.14	80	0.88	3.50	4.38
0.05	0.08	0.00	0.09	0.14	0.97	0.22	59	2.81	1.69	4.50
0.08	0.10	0.00	0.24	0.06	0.76	0.19	72	0.97	1.62	2.59
0.02	0.14	—	0.05	0.16	0.69	0.09	52	2.08	2.48	4.56
0.06	0.03	0.00	0.09	0.10	0.91	0.07	59	2.24	3.92	6.16
0.10	0.12	—	0.01	0.21	0.73	0.16	64	1.06	2.12	3.18
0.08	0.12	—	0.22	0.18	0.82	0.22	86	2.67	2.46	5.13
0.04	0.20	—	0.08	0.19	0.63	0.07	64	1.69	0.97	2.66
0.27	0.17	0.03	0.28	0.33	0.83	0.17	92	1.63	3.26	4.88
0.06	0.07	0.00	0.11	0.28	0.92	0.14	71	2.03	1.61	3.64
0.25	0.05	0.00	0.17	0.28	0.89	0.16	83	1.66	2.70	4.36
0.07	0.18	0.00	0.23	0.18	0.94	0.14	83	1.62	1.64	3.26
0.07	0.16	0.00	0.10	0.20	0.90	0.10	78	0.9	3.9	4.8

Infantile Mortality. (See Graph I and Table 4.)

The rate for 1935 was 59.37. This is calculated on the number of infants dying before reaching one year of age per 1,000 live infants born. The rate for 1934 was 52.7 which was the lowest rendered. Although the rate for 1935 was not an improvement on that for the previous year—it can hardly be expected that every year will prove a record—it is satisfactory to note that the rate remains low ; it has only been lower on two occasions, viz : 1930 (55.7) and 1934 (52.7.) Not so many years ago it was considered wonderful if this rate reached the, then, low figure of 100—nowadays so high a figure would cause us serious concern and we are within measurable distance of the excellent figure of 50.

Many of these deaths occur in the first month or even the first few days of life. The cause is often to be found in the ante-natal period. This matter is further discussed in the special section on Maternity and Child Welfare, Page 168.

Still Births.

The number of still births, as given by the Registrar General was 134. This amounts to 3.6 per cent. of the total births, compared with 3.7 per cent. for 1934.

The remarks just above relating to the importance of the ante-natal period in infant deaths, equally hold good here.

Illegitimacy.

The corrected number of illegitimate births, including still births, was 198, equal to 5.3 per cent. of the total births. The figure for 1934 was 5.2 per cent.

Marriages.

The number of marriages solemnised in Leicester during the year was :—

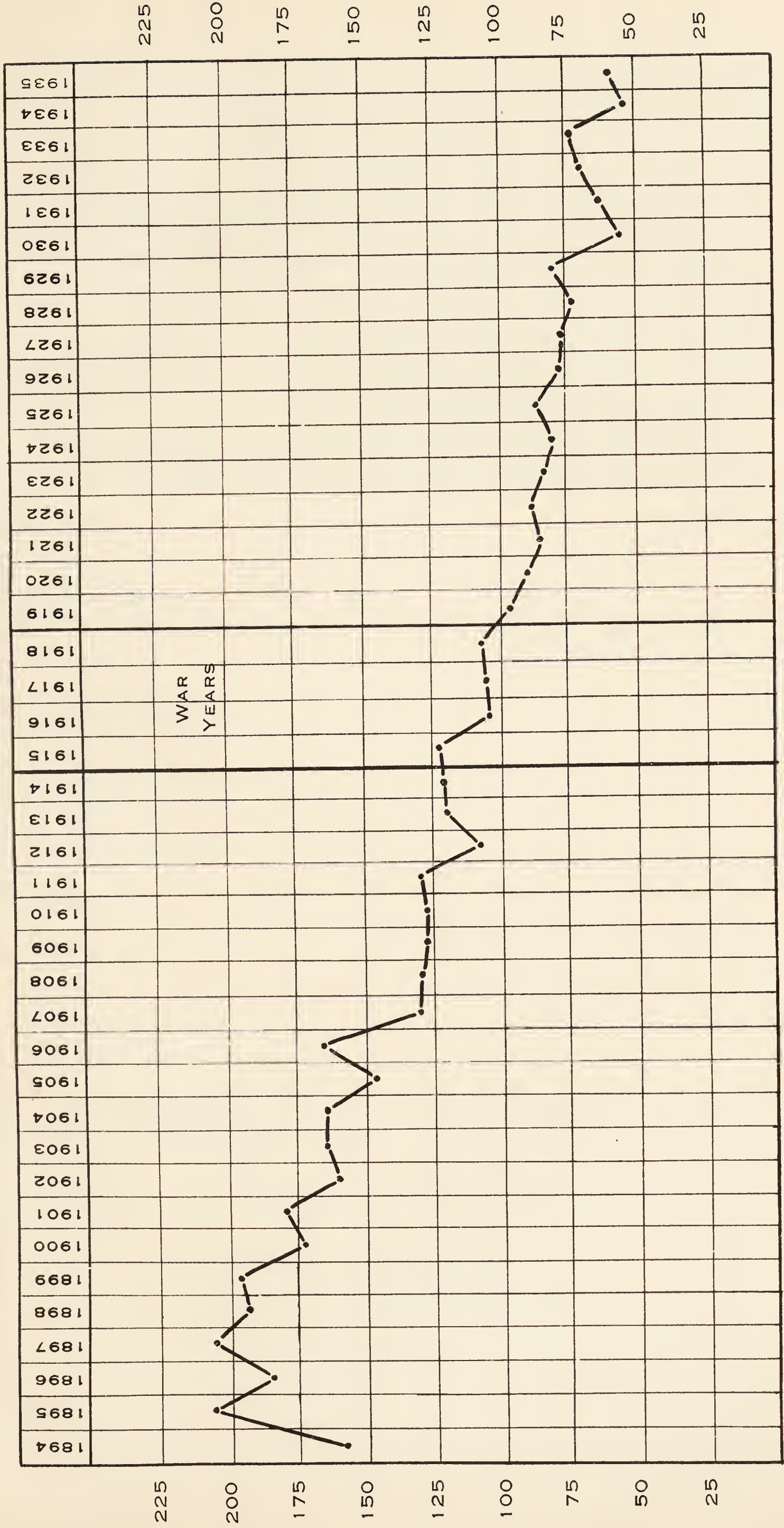
					(1934)
Church of England	..	..	1,228	(1181)	
Elsewhere..	..	..	1,035	(1107)	
			<hr/>	<hr/>	
Total	..	..	2,263	(2288)	
			<hr/>	<hr/>	

Deaths.

The corrected number of deaths which occurred during 1935 was 2,974, namely 1,500 males and 1,474 females. The death rate per 1,000 of the estimated population was 11.61, compared with 11.74 for 1934.

Only on four previous occasions was this rate lower than 12.0, so the rate for the year under review can be considered a fairly satisfactory one.

INFANT MORTALITY, ANNUAL RATES IN LEICESTER, 1894-1935



FOR ACTUAL FIGURES SEE TABLE 10

TABLE 4. City of Leicester.

INFANT MORTALITY DURING THE YEAR 1935.

Net Deaths from stated Causes at various Ages under 1 year of Age.

CAUSE OF DEATH.	Under 1 Week	1 to 2 Weeks	2 to 3 Weeks	3 to 4 Weeks	Total under 1 Month	1 to 3 Months	3 to 6 Months	6 to 9 Months	9 to 12 Months	Total Deaths under 1 Year
All Causes Certified.	86	17	9	2	114	37	26	20	15	212
Smallpox	-	-	-	-	-	-	-	-	-	-
Chicken-pox	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	3	-	3
Spina bifida	2	1	-	-	3	-	1	-	-	4
Whooping-cough	-	-	1	-	1	2	1	-	4	8
Diphtheria and Croup ..	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-
Tuberculous Meningitis ..	-	-	-	-	-	-	-	-	-	-
Abdominal Tuberculosis ..	-	-	-	-	-	-	-	-	-	-
Other Tuberculous Diseases	-	-	-	-	-	-	-	-	-	-
Meningitis (<i>not Tuberculous</i>)	-	1	1	-	2	1	2	1	-	6
Convulsions	5	3	-	-	8	1	2	-	1	12
Laryngitis	-	-	-	-	-	-	-	-	-	-
Bronchitis	1	-	-	-	1	4	-	-	-	5
Pneumonia (all forms) ..	-	-	-	1	1	7	5	5	6	24
Diarrhoea	-	-	-	-	-	6	8	8	4	26
Enteritis	-	-	-	-	-	2	-	-	-	2
Colitis	-	-	-	-	-	-	-	-	-	-
Gastritis	-	-	1	-	1	-	-	-	-	1
Syphilis	-	-	-	-	-	-	-	-	-	-
Rickets	-	-	-	-	-	-	-	-	-	-
Suffocation (overlying) ..	-	-	-	-	-	-	-	1	-	1
Injury at Birth	3	-	-	-	3	-	-	-	-	3
Atelectasis	3	1	1	-	5	-	-	-	-	5
Congenital Malformations	7	1	-	-	8	-	1	-	-	9
Premature Birth	56	5	2	-	63	6	1	-	-	70
Atrophy, Debility and Marasmus	1	1	2	1	5	3	-	-	-	8
Other Causes	8	4	1	-	13	5	5	2	-	25

Net Births in the Year { legitimate, 3,379.
illegitimate, 192.

Net Deaths in the Year of { legitimate infants, 189.
illegitimate infants, 23.

Causes of Deaths.

Table 9 shows the deaths classified according to certain specified causes, and to age and sex. Graph II shows certain of the more important causes of death, arranged as proportionate parts of a disc. One sees at a glance what a very large proportion of deaths is caused by heart disease, cancer, respiratory diseases (mainly bronchitis and pneumonia), tuberculosis and cerebral haemorrhage. These between them accounted, during 1935, for more than half the total deaths. A word of caution is necessary as regards deaths ascribed to "heart disease." By no means all the deaths ascribed to this need be regarded as due to any definite lesion of the heart. Thus, "myocarditis" or "heart failure" is sometimes given as one of the causes—possibly as *the* cause of death, and in the absence of any more specific cause, the death would be classified amongst the "heart disease" deaths.

Zymotic Mortality.

The zymotic death-rate is based upon all the deaths shown in Table 8, excepting those from pneumonia which are included under deaths from respiratory disease. The rate for the year was 0.43. There were 26 deaths from influenza ; 9 deaths from measles as against 12 in 1934 ; 16 deaths from whooping cough compared with 6 ; there were four deaths from cerebro-spinal fever, and only one each from scarlet fever, and enteric fever. Some of this credit is due to the efficient treatment given at the Isolation Hospital. Diphtheria caused 8 deaths as against 20, and for this disease the case mortality rate was a low record.

Comparative Ward Statistics.

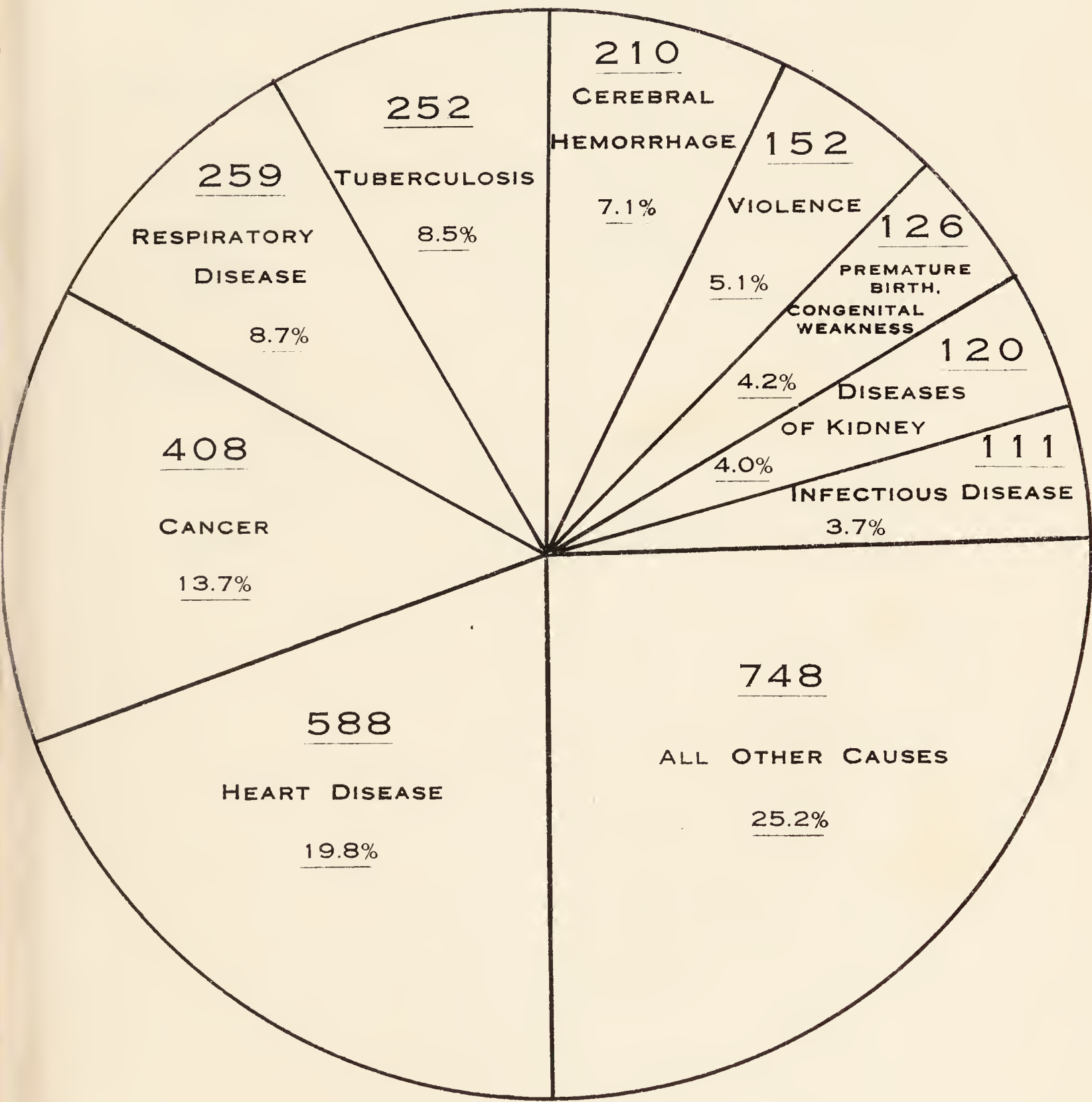
Leicester is divided into 16 Municipal Wards which vary greatly in size and population, the smallest, St. Martin's, now largely given up to business and shopping purposes, has only a population of about 1,000 whilst Westcotes, the largest, has a population of over 33,000.

With the extension of the City, revision of the Ward boundaries became urgent and a scheme is in course of preparation.

The variation of the size of the Wards tends to make Ward Statistics of little value.

For 1935, the wards with the highest and lowest rates were as follow :—

GRAPH 2
SHOWING PROPORTION OF DEATHS FROM
PRINCIPAL CAUSES, 1935



Death-rate.

<i>Highest.</i>			<i>Lowest.</i>		
Wycliffe	..	16.8	Aylestone	..	7.9
Newton	..	16.1	Spinney Hill	..	8.9
De Montfort	..	15.9	Knighton	..	9.2

Birth-rate.

<i>Highest.</i>			<i>Lowest.</i>		
Wyggeston	..	20.9	Knighton	..	8.1
Newton	..	15.8	De Montfort	..	10.1
Charnwood	..	14.1	Spinney Hill	..	10.2

Infant Mortality.

<i>Highest.</i>			<i>Lowest.</i>		
St. Margaret's	..	110	Knighton	..	33
De Montfort	..	107	Aylestone	..	38
Newton	..	79	Spinney Hill	..	47
Wyggeston	..	79			

Phthisis Rate.

<i>Highest.</i>			<i>Lowest.</i>		
St. Margaret's	..	1.77	Knighton	..	0.39
De Montfort	..	1.45	Spinney Hill	..	0.42
Wycliffe	..	1.44	The Castle	..	0.56

TABLE 5.
MUNICIPAL WARDS. VITAL STATISTICS, 1935.

WARD. (1)	*No. of Inhabited Houses, Jan., 1936. (2)	Estimated Population, Jan., 1936. (3)	No. of Persons per "structurally separate Dwelling." Census, 1931. (4)	Births (corrected). (5)	Deaths. (6)	Deaths under 1 year. (7)
1. St. Martin's ..	283	957	3.38	13	4	-
2. Newton ..	2,009	7,212	3.59	114	116	9
3. St. Margaret's ..	2,719	10,196	3.75	136	137	15
4. Wyggeston ..	3,003	12,162	4.05	254	177	20
5. Latimer ..	3,962	16,165	4.08	223	181	13
6. Charnwood ..	1,930	7,295	3.78	103	87	6
7. Wycliffe ..	2,530	9,057	3.58	109	152	6
8. De Montfort ..	1,508	5,534	3.67	56	88	6
9. The Castle ..	2,927	10,625	3.63	134	129	7
10. Westcotes ..	9,435	33,777	3.58	412	357	29
11. The Abbey ..	6,960	27,005	3.88	311	261	19
12. Belgrave ..	6,382	25,017	3.92	344	238	24
13. West Humberstone ..	7,609	30,208	3.97	356	280	20
14. Spinney Hill ..	8,852	33,106	3.74	337	295	16
15. Knighton ..	6,550	25,807	3.94	210	238	7
16. Aylestone ..	7,232	29,796	4.12	400	234	15

* Figures supplied by City Treasurer.

TABLE 6.
MUNICIPAL WARDS. VITAL STATISTICS, 1935.

WARD.	Birth-rate.	Death-rate.	Infant Mortality.	Zymotic rate.	Phthisis rate.	Average Phthisis Rate, Years 1922-31.	Average Phthisis Rate, Years 1932-35.
1. St. Martin's	13.6	4.2	—	—	—	1.08	0.49
2. Newton..	15.8	16.1	79	0.55	1.11	1.47	1.61
3. St. Margaret's	13.3	13.4	110	0.49	1.77	1.46	1.52
4. Wyggeston	20.9	14.6	79	0.58	1.40	2.06	1.42
5. Latimer	13.8	11.2	58	0.31	0.74	1.35	1.13
6. Charnwood	14.1	11.9	58	0.14	0.82	1.26	0.98
7. Wycliffe	12.3	16.8	55	0.33	1.44	0.91	1.17
8. De Montfort	10.1	15.9	107	0.36	1.45	0.63	1.41
9. The Castle	12.6	12.1	52	0.47	0.56	1.31	0.94
10. Westcotes	12.2	10.6	70	0.33	0.86	0.92	0.75
11. The Abbey	11.5	9.7	61	0.48	1.04	1.05	1.08
12. Belgrave	13.8	9.5	70	0.28	0.92	0.94	0.88
13. West Humberstone	11.8	9.3	56	0.20	0.60	1.04	0.99
14. Spinney Hill	10.2	8.9	47	0.27	0.42	0.85	0.58
15. Knighton	8.1	9.2	33	0.15	0.39	0.55	0.45
16. Aylestone	13.4	7.9	38	0.20	0.81	0.85	0.63

TABLE 7.

Deaths in each Ward, classified for Age and Cause, 1935.

WARD.	(1)	0 to 1 year.	1 to 5 years.	5 to 60 years.	Over 60 years.	Total all ages.	Influenza.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Typhoid Fever.	Other Zymotics.	Total	Diarrhoea.	Phtthisis.	Respiratory Diseases.	Developmental Diseases.	Cancer.	Total.
		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
1. St. Martin's	3	1	4	..	..	..	..	..	..	..	..	..	..	..	2	2	4
2. Newton	..	9	3	43	61	116	1	..	..	..	..	..	3	4	4	8	20	69	11	116
3. St. Margaret's	..	15	6	42	74	137	..	2	..	2	..	..	1	5	2	18	18	80	14	137
4. Wyggeston	..	20	6	54	97	177	..	1	..	3	..	..	3	7	4	17	22	110	17	177
5. Latimer	..	13	7	52	109	181	..	..	..	1	..	..	2	5	6	12	25	110	23	181
6. Charnwood	..	6	2	29	50	87	..	..	..	..	1	..	..	1	1	6	12	53	14	87
7. Wycliffe	6	1	42	103	152	..	..	..	..	..	1	..	3	1	13	13	95	27	152
8. De Montfort	..	6	2	26	54	88	1	..	..	..	..	..	1	2	1	8	10	51	16	88
9. The Castle	..	7	1	37	84	129	2	..	..	1	..	..	2	5	..	6	20	83	15	129
10. Westcotes	..	29	8	122	198	357	8	1	..	..	..	..	2	11	2	29	34	238	43	357
11. The Abbey	..	19	4	82	156	261	6	2	..	2	1	..	2	13	3	28	31	164	22	261
12. Belgrave	..	24	4	83	127	238	..	1	..	..	..	..	6	7	3	23	25	154	26	238
13. West Humberstone	..	20	5	97	158	280	..	..	..	5	1	..	..	6	5	18	26	185	40	280
14. Spinney Hill	..	16	7	89	183	295	3	..	1	1	3	..	1	9	2	14	37	190	43	295
15. Knighton	..	7	5	76	150	238	2	..	..	..	..	..	2	4	1	10	25	163	35	238
16. Aylestone	..	15	7	92	120	234	1	1	..	..	1	..	3	6	1	24	31	136	36	234
Infirmary	29	19	165	100	313	2	..	..	1	..	1	1	5	3	3	34	224	44	313
City General Hospital	..	61	16	229	263	569	1	..	..	3	..	..	13	17	20	70	76	319	67	569
City Mental Hospital	32	40	72	..	..	..	..	..	..	1	1	..	4	7	56	4	72
Isolation Hospital	6	11	49	..	66	..	4	..	4	8	..	7	23	..	32	2	8	1	66

Deaths in Institutions have been subtracted from the Wards in which the Institutions are situated; and (except in some cases in the Workhouse where the home address is unobtainable) have been distributed to the Wards to which they belong. Deaths of persons transferred from the Workhouse to the City General Hospital, however, have not been distributed, as the home addresses of such persons are not obtainable.

TABLE 8.

Showing the number of Deaths from Zymotic (or Germ) Diseases in the Fourteen Years 1922-1935.

DISEASE.	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Smallpox	0	0	0	0	0	0	0	0	1	1	0	0	0	0
Measles	48	21	0	43	8	18	1	17	5	14	10	17	12	9
Scarlet Fever	7	2	4	10	5	3	4	2	2	0	2	1	1	1
Diphtheria	20	9	35	34	37	11	17	13	7	6	5	11	20	8
Whooping Cough	25	31	18	69	21	29	7	56	8	9	16	13	6	16
Enteric Fever	3	2	1	1	0	1	0	0	1	1	0	0	1	1
Diarrhoea	16	38	62	57	40	22	} 50	27	33	40	28	34	21	23
Enteritis	42	22	19	10	5	2		0	0	3	4	9	8	11
Erysipelas	1	2	8	10	9	5	0	0	0	39	100	159	26	26
Influenza	80	31	39	55	15	54	18	214	27	2	5	5	8	8
Puerperal Fever	5	3	3	7	11	2	7	3	8	2	7	2	2	4
Cerebro-Spinal Fever	3	0	0	3	5	2	0	4	4	9	1	0	0	1
Poliomyelitis	1	0	0	0	7	2	0	0	1	0	1	4	1	3
Encephalitis Lethargica	4	4	7	10	9	7	3	12	8	7	9	1	1	3
Pneumonia	224	210	218	245	168	208	187	284	206	238	244	229	225	135
Totals	479	375	409	554	340	366	294	632	311	369	431	484	331	246

N.B.—In calculating the Zymotic rate since 1923, all the above deaths have been included except pneumonia. Particulars of deaths from Tuberculosis are given on page 62.

TABLE 9.

Deaths during 1935 of Persons belonging to City of Leicester as classified by the Registrar General according to Disease, Sex and Age-period.

CAUSES OF DEATH.	Sex.	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES	M	1500	127	9	14	26	41	68	95	148	278	367	327
	F	1474	85	23	22	26	45	87	74	136	237	330	409
1. Typhoid and Paratyphoid Fevers	M	1	—	—	—	—	—	1	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
2. Measles	M	2	1	—	1	—	—	—	—	—	—	—	—
	F	7	3	1	1	2	—	—	—	—	—	—	—
3. Scarlet fever ..	M	1	—	—	—	1	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
4. Whooping cough	M	7	4	—	2	1	—	—	—	—	—	—	—
	F	9	4	3	—	2	—	—	—	—	—	—	—
5. Diphtheria ..	M	3	—	—	2	1	—	—	—	—	—	—	—
	F	5	—	—	3	2	—	—	—	—	—	—	—
6. Influenza ..	M	16	—	—	—	—	—	—	3	—	4	6	3
	F	10	—	—	—	—	—	—	—	2	2	4	2
7. Encephalitis lethargica ..	M	1	—	—	—	—	—	—	—	—	—	—	1
	F	2	—	—	—	—	—	—	—	2	—	—	—
8. Cerebro-Spinal Fever	M	4	2	1	—	—	—	—	—	1	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
9. Tuberculosis of respiratory system	M	129	—	—	—	1	22	23	26	19	27	10	1
	F	99	—	3	1	2	22	35	12	15	8	1	—
10. Other tuberculous diseases	M	12	—	1	2	4	2	1	—	—	1	—	1
	F	12	—	1	2	2	1	—	3	2	—	1	—
11. Syphilis	M	10	1	—	—	—	—	1	—	—	6	1	1
	F	8	—	—	—	—	—	—	—	3	3	2	—
12. General Paralysis of Insane, Tabes Dorsalis	M	11	—	—	—	—	—	—	1	4	5	1	—
	F	4	—	—	—	—	—	—	1	2	—	1	—
13. Cancer, malignant disease	M	200	—	—	—	—	—	4	13	21	44	74	44
	F	208	—	—	—	1	—	5	10	40	52	58	42
14. Diabetes	M	14	—	—	—	—	—	2	—	2	—	7	3
	F	21	—	—	—	—	—	—	—	1	9	7	4
15. Cerebral hæmorrhage, &c. ..	M	82	—	—	—	—	—	1	2	5	19	33	22
	F	128	—	—	—	—	—	—	1	8	36	38	45
16. Heart disease ..	M	293	—	—	—	4	4	9	8	28	63	92	85
	F	295	—	—	—	1	5	6	11	13	51	97	111
17. Aneurysm ..	M	6	—	—	—	—	—	—	—	2	3	1	—
	F	3	—	—	—	—	—	—	—	—	2	1	—

TABLE 9—continued.

CAUSES OF DEATH.	Sex.	All Ages.	0—	1—	2—	5—	15—	25—	35—	45—	55—	65—	75—
18. Other Circulatory Diseases	M	51	—	—	—	—	—	—	—	1	8	21	21
	F	59	—	—	—	—	—	1	2	5	3	19	29
19. Bronchitis	M	50	3	—	—	1	—	—	—	6	14	12	14
	F	50	2	—	1	1	—	—	1	2	3	11	29
20. Pneumonia (all forms)	M	73	16	3	2	1	1	2	5	15	12	10	6
	F	62	9	8	8	—	1	4	4	4	7	6	11
21. Other respiratory diseases	M	13	—	—	—	—	1	—	2	2	2	4	2
	F	11	—	—	—	—	1	—	1	1	2	1	5
22. Peptic Ulcer	M	13	—	—	—	—	—	3	2	1	3	2	2
	F	8	—	—	—	—	—	—	2	1	2	3	—
23. Diarrhoea, &c.	M	13	12	—	—	—	—	—	—	—	1	—	—
	F	19	11	—	—	—	—	2	2	1	2	1	—
24. Appendicitis	M	12	—	1	—	—	—	4	3	—	3	1	—
	F	7	—	—	—	1	—	1	—	1	3	—	1
25. Cirrhosis of liver	M	9	—	—	—	—	—	—	—	2	6	1	—
	F	2	—	—	—	—	—	—	—	1	—	1	—
26. Other Diseases of Liver, etc. ..	M	4	—	—	—	—	1	—	—	—	1	2	—
	F	8	—	—	—	—	—	1	—	—	—	4	3
27. Other Digestive Diseases	M	27	2	1	—	—	—	1	2	8	3	8	2
	F	31	1	1	1	3	1	1	3	5	6	5	4
28. Acute and chronic nephritis	M	54	—	—	—	—	—	1	3	6	12	21	11
	F	56	—	—	—	1	—	4	4	7	15	21	14
29. Puerperal sepsis	F	8	—	—	—	—	1	5	2	—	—	—	—
30. Other Puerperal Causes	F	14	—	—	—	—	2	8	4	—	—	—	—
31. Congenital debility, premature birth, malformation, etc.	M	77	75	—	—	1	—	—	—	1	—	—	—
	F	49	46	1	—	1	—	—	—	1	—	—	—
32. Senility	M	79	—	—	—	—	—	—	—	—	2	18	59
	F	91	—	—	—	—	—	—	—	—	—	11	80
33. Suicide	M	31	—	—	—	—	—	6	3	5	7	5	5
	F	17	—	—	—	—	1	2	2	5	4	2	1
34. Other violence	M	61	2	—	1	7	7	2	10	3	5	5	19
	F	43	2	2	—	2	1	4	1	2	4	9	16
35. Other Defined Diseases	M	140	9	2	4	4	3	7	11	16	27	32	25
	F	118	7	3	5	5	9	8	8	12	23	26	12
36. Causes ill-defined or unknown ..	M	1	—	—	—	—	—	—	1	—	—	—	—
	F	—	—	—	—	—	—	—	—	—	—	—	—

COMMENTS ON SPECIFIC CAUSES OF DEATH.

SMALLPOX.

No case and no death occurred during 1935.

For Vaccination Return, see Table 11.

SCARLET FEVER.

Notifications, 1,405. Deaths, 1.

The figures for notifications and deaths for 1935 are practically exactly the same as for 1934, in which year 1,401 cases were notified with one death. It is very satisfactory to record that the death rate for this disease remains so low. This is due in part to the low virulence of the disease but also to the prompt serum treatment given to every case admitted to Hospital. This matter is further dealt with in the special report on the Hospital in Appendix II. Page 85.

DIPHTHERIA.

Notifications, 428. Deaths, 8.

It is very satisfactory to report that last year the case mortality from this disease was the lowest on record for Leicester. This is also due in part to the mildness of the disease but also undoubtedly to the massive doses of antitoxin which are given both intramuscularly and intravenously, as occasion demands, as soon as the patient is admitted to Hospital. The prompt use of antitoxin has undoubtedly been the means of saving countless lives.

The Medical Superintendent has analysed the deaths from this cause in Leicester for a number of years and reference should be made to page 88 for a further discussion of this subject.

TYPHOID FEVER.

Thirteen cases occurred with one death.

This is the largest number of cases which has occurred since 1921. It should be realised however that in the heading of typhoid fever, are also included the Paratyphoid fevers which although sometimes fatal are not usually so serious as typhoid. Nine cases of typhoid occurred, one of Paratyphoid A, three of Paratyphoid B.

The fatal case was a case of Paratyphoid A in a man aged 31.

Every case was investigated but nothing very definite as to the cause was found. Three patients, one with Para A and two with Para B.

had had shellfish recently and four cases of typhoid occurred in one family. These latter cases arose as follows :—

The first case was that of a lodger who had been in difficulties and was taken in by the family when practically destitute. After living with them for about a month, he showed signs of typhoid fever and subsequently three of the family also contracted the disease, presumably from the first case.

MEASLES.

Nine deaths occurred from this cause compared with 12, 17, 10, 14 and 5 for the previous five years respectively.

Although this figure is satisfactory, it must not be forgotten that measles usually kills as many children as do both scarlet fever and diphtheria together. During the last five years in Leicester 62 children have died from measles, and 55 from scarlet fever and diphtheria.

It is vitally important that measles should be avoided in the very young. It is especially serious if contracted when the child is under five years of age. Seven of the nine deaths this last year occurred among such children. Serum treatment for the prevention of measles is now available at the Isolation Hospital.

WHOOPIING COUGH.

Sixteen deaths occurred from this disease compared with 6, 13, 16, 9 and 8 for the previous five years respectively.

Whooping Cough, like measles, is a serious disease, and particularly dangerous to the very young. Thirteen of the deaths this last year occurred in children under five years of age.

TABLE 10.
MEASLES AND WHOOPING COUGH DEATHS AND MORTALITY
per 1,000 BIRTHS.

Quinquennial Period.	Births.	Measles Deaths.	Mortality per 1,000 Births.	Whooping Cough Deaths.	Mortality per 1,000 Births.
1902-6 ..	30,065	312	10.3	354	11.1
1907-11 ..	27,247	420	15.4	191	7.0
1912-16 ..	25,139	437	17.3	190	7.5
1917-21 ..	21,710	248	11.4	134	6.1
1922-26 ..	21,935	120	5.5	164	7.4
1927-31 ..	19,256	55	2.8	109	5.6
1932-35 ..	13,813	48	3.5	51	3.7
(4 years)					

VACCINATION

J. H. Lockwood, City Health Depart

The work undertaken by the Vaccination Office

Return respecting the Vaccination of Children whose births were registered from

Registration Sub-Districts comprised in the Vaccination Officer's District.	Number of Births returned in the "Birth List Sheets" as registered from 1st January to 31st December, 1934	Number of these Births duly entered by 31st January, 1936, in Columns I., II., IV. and V. of the "Vaccination Register" (Birth List Sheets), viz. :				
		Col. I. Successfully Vaccinated	Col. II.		Col. IV. Number in respect of whom Statutory Declarations of Conscientious Objection have been received.	Col. V. Died unvaccinate
			Insus- ceptible of Vaccination	Had Small Pox		
1	2	3	4	5	6	7
North West ..	1674	19	—	—	1592	59
North East ..	594	5	—	—	549	28
South	1480	74	2	—	1297	78
Total	3748	98	2	—	3438	165

Number of Children successfully vaccinated after the declarati

Total number of Certificates for year 1935 sent to other Vaccinati

OFFICER. Table 11.

St. Grey Friars, Leicester.

summarised in the following table :—

January to 31st December, 1934, inclusive.

Number of these Births which on 31st January, 1936, remained unentered in the "Vaccination Register" on account (as shown by "Report Book") of			Number of these Births remaining on 31st Jan., 1936, neither duly entered in the "Vaccination Register" (columns 3, 4, 5, 6 and 7 of this Return) nor temporarily accounted for in the "Report Book" (columns 8, 9 and 10 of this Return).	Total number of Certificates and copies of Certificates of Successful Primary Vaccination of Children under 14 received during the Calendar Year 1935	Number of Statutory Declarations of Conscientious Objection actually received by the Vaccination Officer irrespective of the dates of birth of the children to which they relate, during the Calendar Year, 1935
Post-ponement by Medical Certificate	Removal to Districts the Vaccination Officers of which have been duly apprised	Removal to places unknown, or which cannot be reached ; and Cases not having been found.			
8	9	10	11	12	13
1	1	1	1	These figures are to be obtained from columns 2 and 6 of the Summary (Form N.).	
—	1	7	4	24	1554
—	—	—	—	8	532
9	7	8	5	65	1318
10	9	16	10	97	3404

of conscientious objection had been made Nil

Offers 1

TABLE 12.

Return showing the numbers of Persons successfully vaccinated and re-vaccinated at the cost of the rates by the Medical Officers of the Poor Law Institution and the Public Vaccinators during the year ended 31st December, 1935.

Name of the Poor Law Institution or Vaccination District	Name of the Medical Officer or Public Vaccinator	Numbers of Successful Primary Vaccinations of Persons :—			Numbers of Successful Re-vaccinations, i.e., of persons who had been successfully vaccinated at some previous time	Observations
		Under one year of age	One year and upwards	Total		
Swain St. Institution ..	Dr. E. C. Hadley	—	—	—	—	Of the Vaccinations of children under one year, 47 were private
City General Hospital ..	Dr. E. C. Hadley	—	—	—	—	
North West District ..	Dr. J. W. Fordham	24	1	25	—	
North East District ..	Dr. J. W. Fordham	8	2	10	—	
South District ..	Dr. A. J. L. Speechley	65	5	70	—	
	Totals ..	97	8	105	—	

INFLUENZA.

Twenty-six deaths occurred, all of these in people in the second half of life. Twenty-one were in persons of 55 years of age and over.

PNEUMONIA.

1935. Cases notified, 239. Deaths, 135.

1934. Cases notified, 259. Deaths, 225.

Classifying the cases that died in 1935 according to age, we find :—

<i>Age.</i>	<i>Deaths.</i>
0-4 years ..	46
5-14 „ ..	1
15-24 „ ..	2
25-34 „ ..	6
35-54 „ ..	28
55 and over ..	52

It is obvious that pneumonia is particularly a disease of the two extremes of life.

Twenty-five of the deaths, or 18.5 per cent. of the total actually occurred in children under one year of age.

Again as reported last year, pneumonia was more fatal to adult males than females.

BRONCHITIS.

100 deaths are assigned to this cause, 83 occurring in persons of 55 years and older.

MALIGNANT DISEASE (CANCER).

408 deaths occurred in 1935.

Classification into age groups :—

<i>Age Group.</i>	<i>Deaths.</i>
Under 25 yrs. ..	1
25-34 „ ..	9
35-44 „ ..	23
45-54 „ ..	61
55-64 „ ..	96
65 and over ..	218
<hr/>	
Total ..	408
<hr/>	

Classification into sex :—

Males	200
Females	208

TABLE 13. DEATHS FROM CANCER, 1935.

Tabulated as to Age, Sex and Organ Affected,
in accordance with local classification.

Organ Affected.	Under 40 years.		40-60 years.		Over 60 years.		All Ages.	
	M.	F.	M.	F.	M.	F.	M.	F.
Lip	—	—	—	—	1	—	1	—
Tongue	—	—	—	—	5	2	5	2
Jaw	—	—	1	—	2	—	3	—
Mouth	—	—	2	2	1	2	3	4
Larynx	—	—	1	1	3	—	4	1
Oesophagus	—	—	—	2	9	—	9	2
Stomach	1	—	10	8	32	19	43	27
Intestines	—	1	1	—	5	7	6	8
Colon	—	1	2	4	14	17	16	22
Rectum	—	1	3	4	19	10	22	15
Liver	—	—	2	2	11	6	13	8
Pancreas	—	—	3	1	4	7	7	8
Spleen	—	—	—	—	—	—	—	—
Lungs	1	1	5	5	4	3	10	9
Kidney	—	—	1	—	—	2	1	2
Bladder	—	—	2	2	4	6	6	8
Prostate	—	—	—	—	2	—	2	—
Testicle	—	—	—	—	—	—	—	—
Ovary	—	1	—	1	—	1	—	3
Uterus	—	1	—	7	—	7	—	15
Breast	—	2	—	15	—	24	—	41
Bones	—	—	2	3	1	2	3	5
Other Forms or not specified	3	1	9	8	20	9	32	18
Total	5	9	44	65	137	124	186	198

TABLE 14.
CANCER STATISTICS, 1904-35.
(Calculated locally)

Year.	Total Cancer Deaths.	Cancer Deaths— per cent. of Total Deaths.	Cancer Death- rate per 100,000 Population.
1904	213	6.5	98
1905	180	5.8	82
1906	168	5.0	76
1907	199	6.6	89
1908	214	6.8	95
1909	195	6.1	86
1910	200	7.1	88
1911	236	7.7	103
1912	226	7.2	98
1913	252	8.1	109
1914	269	8.1	115
1915	219	6.4	94
1916	228	7.3	100
1917	255	8.6	117
1918	309	7.9*	132
1919	249	8.0	108
1920	257	8.9	104
1921	307	10.6	129
1922	276	9.0	116
1923	274	9.8	114
1924	281	9.5	116
1925	318	10.1	131
1926	395	13.2	163
1927	324	10.6	132
1928	349	12.7	142
1929	357	10.4	145
1930	372	13.5	151
1931	357	11.9	148
1932	356	11.8	148
1933	367	11.9	152
1934	377	13.3	156
1935	384	12.9	150

*In 1918 the total deaths from all causes were very high so that the per cent. figure was proportionately lower.

The comparative figure for 1934 was 391. Allowing for the increase in population, the figure for 1935 is slightly greater than the figure for 1934 which was the previous highest total for Leicester.

I would refer anyone who desires further information to the last Annual Report for Leicester, Page 22.

TUBERCULOSIS.

The number of fresh cases notified and deaths registered during 1935 was as follows :—

(Corresponding figures for 1934 in brackets) :—

	Cases	Deaths
Pulmonary Tuberculosis ..	460 (331)	228 (223)
Other forms	100 (72)	24 (19)
Total	560 (403)	252 (242)

The great increase in the number of cases notified does not, in fact, indicate an increase in incidence of the disease. The City extension in April, 1935, brought in some 20,000 additional population and the known cases of tuberculosis in this added population were of course transferred to the City. Actually although 1934 showed a striking drop in the number of cases notified and of deaths registered, this satisfactory state of affairs has been continued during 1935. The death rate from tuberculosis for this year is the lowest on record for Leicester.

The matter is further dealt with in the report of the Tuberculosis Officer. Appendix 1. Page 55.

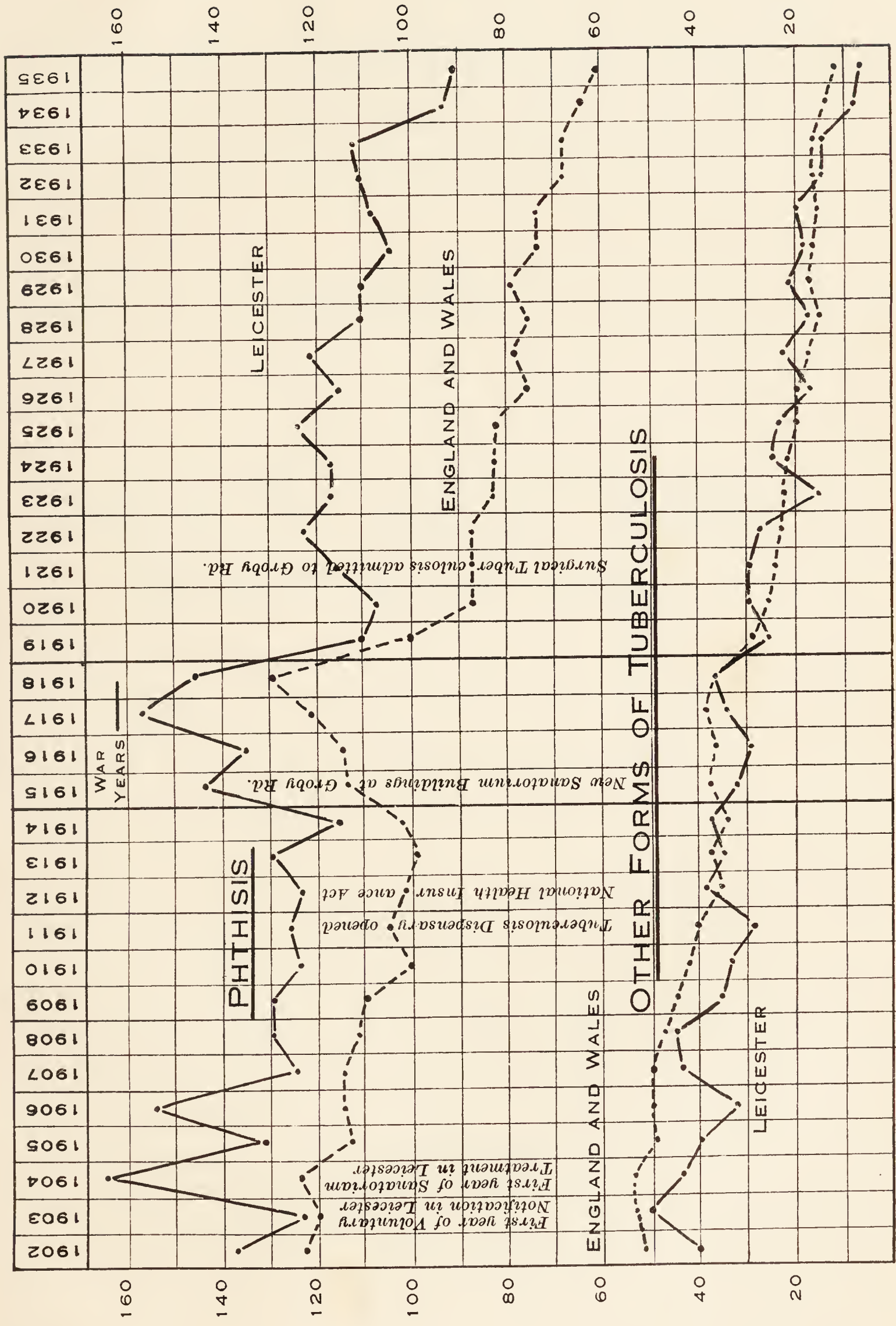
In connection with tuberculosis of non-pulmonary type, it is of interest to note that recent research suggests that the great majority of cases of cervical gland tuberculosis, about 40 per cent. of cases of tuberculous meningitis and about one-third of the cases of bone and joint tuberculosis, are all caused by tubercle bacilli of bovine origin, presumably from milk infection. There were 10 deaths from tuberculous meningitis and six from bone and joint tuberculosis in 1935.

MATERNAL MORTALITY.

During the year there were 22 deaths from Puerperal causes, 8 of these being assigned to puerperal sepsis. The matter is fully discussed in the special section of the report devoted to Maternity and Child Welfare, Page 167.

TUBERCULOSIS MORTALITY PER 100,000 POPULATION

1902—1935



UPPER CURVES—PHTHISIS

LOWER CURVES—OTHER FORMS OF TUBERCULOSIS

FULL LINE— LEICESTER
BROKEN LINE—ENGLAND AND WALES

SECTION B.

**General Provision of Health
Services for the Area**

SECTION B.

General Provision of Health Services for the Area

1. (i) Full particulars of the Public Health Officers of the Authority are incorporated at the beginning of this Report.

(ii) (a) **Laboratory Facilities.**

Public Analyst. No change. See special report in Appendix VI, Page 173.

Pathologist. Dr. E. M. Ward, who held the post of Resident Medical Officer and part-time Pathologist at the City Isolation Hospital, was appointed full-time Pathologist to the Health Department on the 1st April, 1935. This appointment has enabled considerable advance to be made in this speciality at both the City General and City Isolation Hospitals.

It should be noted that the unsatisfactory laboratory conditions at the City General Hospital are receiving the attention of the Committee, and it is hoped shortly to improve them.

Details of the work will be found on Pages 101 and 123.

(b) **Ambulance Service.**

City Isolation Hospital. Two ambulances are provided at this hospital for the removal of infectious patients. There has been no change in this service during 1935.

City General Hospital. The ambulance service for this hospital is provided by the City Fire Brigade Department. There has been no change in this service during 1935.

Westcotes Maternity Home. Patients make their own arrangements.

(c) **Nursing in the Home.** No change.

(d) **Clinics and Treatment Centres.** No change.

(e) **Hospitals : Voluntary and Public :—**

VOLUNTARY.

The Royal Infirmary, Leicester. The following details are obtained from the Annual Report of the Royal Infirmary for 1935 :—

<i>In-Patients.</i>	1935	1934	1933
Remaining in on 1st January	370	350	340
Admitted	7,687	7,428	7,069
Children's Hospital :—			
Remaining in on 1st January	60	63	49
Admitted	1,350	1,425	1,319
	—————	—————	—————
	9,467	9,266	8,777
	—————	—————	—————

The average daily number of Beds occupied during the same three years was respectively :—

496.85	464.81	435.06
--------	--------	--------

The average stay per In-patient in 1935 was 20 days.

The number of operations advanced from 6,122 in 1934 to 6,148 in 1935.

The average cost per occupied Bed was £145.

168 patients died within 48 hours of admission.

1,991 In-patients in an early stage of recovery were transferred to Convalescent Homes where they remained for an average stay of 15.46 days.

<i>Out-Patients.</i>	1935	1934	1933
New patients	15,934	14,793	13,250
Renewed attendances ..	55,850	59,836	52,414
	—————	—————	—————
	71,784	74,629	65,664
	—————	—————	—————

<i>Casualties.</i>			
New patients	22,303	21,419	20,592
Renewed attendances ..	87,115	79,330	82,413
	—————	—————	—————
Total ..	109,418	100,749	103,005
	—————	—————	—————

<i>Casualties.</i>	1935	1934	1933
Operations	5,655	5,378	5,105
Radiography :—			
X-Ray Department attendances	28,433	30,774	26,760
Fluorescent screen examinations	9,070	9,225	7,478
X-Ray photographs taken ..	32,134	26,921	25,212
X-Ray treatments :—			
Deep Therapy .. 1,814			
Superficial 1,284			
Examinations .. 1,185			
—————	4,283	2,312	2,327
Ultra Violet Ray treatments	5,955	7,146	7,188
Radium treatments ..	483	482	439
Pathological and Bio-Chemical Departments :—			
Examinations made ..	25,385	23,716	19,782
Orthopaedic Department (Massage and Electrical) :—			
Number of attendances ..	50,299	48,196	45,171
Number of treatments :—			
Massage	57,805	59,255	55,110
Electrical	32,582	27,224	25,038
	—————	—————	—————
Total treatments ..	90,387	86,479	80,148
	—————	—————	—————

The Leicester Faire Hospital.

Intended to meet the needs of those who prefer to pay for their accommodation, but are not able to afford the usual fees of private nursing homes. It has 40 beds, and patients pay both for residence and for operations according to an approved scale. The terms are very moderate.

The Fielding Johnson Private Hospital.

This was the gift to the City of the late Mr. T. Fielding Johnson. It is a high-class, completely equipped, private hospital run on a self-supporting basis, doing the work usually done by private-venture nursing homes. It can accommodate 48 patients, including maternity cases.

It is controlled by a Committee, on which the medical profession are well represented. The fees (for residence and nursing) are necessarily higher than at the Faire Hospital.

Highfield Hospital.

Fourteen beds. This is really a nursing home, managed by a Committee and partly supported by voluntary subscriptions. The fees paid by patients are much the same as those at Faire Hospital.

The Leicester and Leicestershire Maternity Hospital, Leicester.

During the year ended the 31st March, 1936, 904 patients were admitted and 845 patients were delivered.

952 patients made 3,748 attendances at the ante-natal clinics.

A rearrangement of nurses' bedrooms has set free rooms which have been converted into extra wards, and the number of beds now available is 46.

PUBLIC.

The City General Hospital, Leicester.

See special report in Appendix III, page 111.

The City Isolation Hospital and Sanatorium, Groby Road.

See special report in Appendix II, page 81.

The Municipal Maternity Home, Westcotes Drive.

See special report in Appendix V, page 156.

City Mental Hospital, West Humberstone.

The number of beds is about 1,000, and paying cases are admitted in addition to ordinary cases.

An Out-Patient Clinic for Nervous Ailments is held on Wednesday afternoons, when cases referred by their medical attendant are seen and advised. This Clinic is situated in the Mental Hospital grounds. It would be an advantage if it could be held elsewhere, as some borderline cases must necessarily object to the association with a mental hospital.

2. (i) Institutional medical services transferred under the Local Government Act, 1929 :—

The question of the accommodation at some place other than Swain Street Institution for the chronic aged sick has received the close attention of the Health Committee. Plans are now going forward to erect at the City General Hospital a block in which to house these people.

- (ii) Poor Law Medical Out-Relief. No change.
- (iii) Institutional provision for the care of Mental Defectives :—

Leicester Frith Certified Institution.

During the year, additional accommodation for 60 patients has been provided, making the total population of the Colony 337.

The new building is a two-storey block for 60 children, and has as a central feature on the ground floor, a schoolroom which is divisible into two classrooms. To the east of the Central Block are two dayrooms for 30 males, with the necessary cloakrooms and sanitary accommodation and on the west side similar accommodation for 30 females. A small kitchen is centrally situated at the rear, and space is reserved for a future manual classroom.

The first floor is occupied by four dormitories for 58 beds, two single rooms for sick or refractory patients, and two rooms for charge nurses. Lavatory, bath and storage accommodation is also provided.

Additional buildings are at the present time in the course of erection to provide kitchens, stores, hospital and “low-grade” accommodation.

3. (i) Midwifery and Maternity Services. See special Section, page 154.

(ii) Institutional Provision for Mothers or Children. See special Section, page 161.

(iii) Health Visitors. See special Section, page 149.

(iv) Infant Life Protection. See special Section, page 161.

(v) Orthopaedic Treatment. See special Section, page 137.

4. Maternity and Nursing Homes. See special Section, page 159.

5. The Leicester and County Saturday Hospital Society.

One of the most important and successful voluntary health institutions in Leicester is the Saturday Hospital Society.

By means of a voluntary weekly levy (2d. per week), which is “automatically” deducted from wages, a really wonderful amount of money is subscribed by the weekly wage-earners of the City and County for the purpose of supporting the Royal Infirmary, of maintaining two fine Convalescent Homes, as well as rendering other important health services.

Last year (1935), a fresh record was again established, the total amount collected being the really magnificent sum of £54,310.

A new wing for men at Overstrand Hall was opened on the 10th June, 1935, making a total of 102 beds available at this institution.

The new wing contains 52 beds in fourteen cheerful and well-appointed dormitories, and a fine range of recreation rooms.

3,068 patients received assistance during the year—the majority being sent to Overstrand Hall, with an average stay of sixteen days.

472 children were sent to Roecliffe Manor, and averaged there 22 days.

The work of this Society deserves all possible praise and support, and fulfils a most important place in the commonwealth of Leicester.

6. Public Abattoir.

A detailed report on the history of the proposed Public Abattoir will be found in the 1934 Annual Report, pages 40—42.

During the year, further discussions and conferences have taken place, but as yet no final decision has been arrived at by the Council.

From the health point of view, and also that of the proper inspection of meat, the present position is most unsatisfactory, and it is to be hoped that the abattoir will be commenced very shortly.

7. The Butchers' Market.

The majority of the butchers in the open market do not conform to the Meat Regulations, 1924, whereby three sides of the stall are required to be screened. Conferences have taken place between the Health and Markets Committees, and screens are being provided by the latter. The most serious action possible will be taken against defaulters in the future.

Even with the provision of screens, it is my firm opinion that the market will be unsatisfactory, and that some form of covered market should be provided. Proper control of the meat sold in the market is most difficult.

During the year, a portion of the meat market was equipped as a covered meat market. The result is entirely satisfactory, both to the Trade and to the Department.

8. Meteorology.

The rainfall and mean temperature for each month of the year are given in Table 15.

The rainfall was 29.55 inches compared with 21.1 inches in 1934. The average rainfall for the ten years, 1923-1932, was 27.3 inches.

The number of days on which rain (0.1 inches or more) fell was 202 compared with 191 in 1934, and a ten years' average of 198.

9. Cremation.

I am indebted to Mr. A. C. Addison, Superintendent Registrar, for the following facts and figures, which are taken from his Annual Report for 1935 :—

“The following figures show the progress of cremation since its inception in Leicester :—

<i>Period.</i>	<i>Cremations.</i>	<i>Annual Average.</i>
1903-1912	125	12.5
1913-1922	260	26.0
1923-1932	727	72.7
1933	122	122.0
1934	129	129.0
1935	149	149.0

On one occasion during the year, four cremations were carried out on the one day, and on four occasions there were three cremations on the one day.

It is anticipated that extensive repairs to the internal brickwork of the furnace will be required very shortly.

Only one new Crematorium was opened during the year—at Blackpool, but there are now 29 British Crematoria, which, during 1935, carried out 9,614 cremations.”

I am wholeheartedly of the opinion that this method of disposal is the most desirable.

TABLE 15.

Monthly Rainfall and mean Temperature during 1935,
as recorded at the City Mental Hospital.

Figures supplied by Dr. J. Francis Dixon.

MONTH.					Rainfall in inches.	Mean Temperature Fahr.	
January	..	..	..	..	1.05	39.6	
February	..	..	..	..	2.20	42.2	
March	..	..	..	..	0.85	43.2	
April	..	..	..	..	3.48	46.1	
May	..	..	..	..	0.99	49.0	
June..	..	..	..	..	3.34	59.8	
July	..	..	..	..	0.57	64.9	
August	..	..	..	..	2.08	63.4	
September		..	..	..	4.06	56.2	
October	..	..	..	..	3.14	48.7	
November	..	..	..	..	4.26	43.5	
December	..	..	..	..	3.53	36.1	

Total rainfall and number of days on which rain fell (.01 inches or more)							
					Inches of rain.	No. of days on which rain fell	
1935	..	..	..	..	29.55	..	202
1934	..	..	..	..	21.1	..	191
1933	..	..	..	..	21.1	..	161
1932	..	..	..	..	26.9	..	168
1931	..	..	..	..	26.8	..	177
1930	..	..	..	..	31.4	..	200
1929	..	..	..	..	25.5	..	260
1928	..	..	..	..	26.4	..	210
1927	..	..	..	..	32.6	..	210
1926	..	..	..	..	26.8	..	186
1925	..	..	..	..	23.1	..	175
1924	..	..	..	..	28.5	..	198
1923	..	..	..	..	25.0	..	201
1922	..	..	..	..	29.2	..	187
1921	..	..	..	..	19.0	..	136

SECTION C.

Sanitary Circumstances of
the Area

SECTION C.

Sanitary Circumstances of the Area

1. (i) Water.

I am indebted to the courtesy of Mr. G. T. Edwards, M.I.C.E., Water Engineer, for the following information :—

“There have been no new sources of water supply during the past year, and the only extensions of mains within the City have been those to the various building estates.

“The local watersheds have been inspected weekly for any possible sources of contamination.

“The supply has been satisfactory, both in quality and quantity.”

The water supplied to consumers in the City has been frequently analysed by the Public Analyst, and has invariably been found to be satisfactory.

Details are given in the Analyst's report, Appendix VI, page 183.

(ii) Drainage and Sewerage.

I am indebted to the courtesy of Mr. A. T. Gooseman, M.I.C.E., City Engineer and Surveyor, for the following information :—

“Sewerage, 1935.

“During the year 1935, some 5,494 lineal yards of sewers were laid within the City, apart from sewers laid in new estates. Of this total the lengths of old defective brick sewers replaced were 2,930 lineal yards, chiefly in the Highfield district, Melbourne Road, Milligan Road and Park Hill Drive.

“New sewers extending to 2,564 lineal yards were laid as follow :—
Foul sewers for the Northfield House Estate, Anstey Lane, Green Lane Road and Beaumont Leys Lane ; storm sewers in Coalpit Lane, Narborough Road, Beaumont Leys Lane, Gwendolen Road, Braunstone Park and Welford Road.

“Drainage, 1935.

“A length of 725 lineal yards of 4" sub-drain was laid in the Saffron Hill and Gilroes Cemeteries.”

2. Rivers and Streams.

No change of importance to report.

3. (i) Closet Accommodation.

During 1935, 140 additional W.C.'s were provided (as distinct from those provided to new houses.) There were no conversions from privies to the water carriage system.

The extension of the City Boundary in April, 1935, brought into the City about 8,000 acres with a large amount of property unsatisfactorily drained.

It is impossible to state accurately how many cesspools, privies, etc. there are in the added area, but a survey is proceeding, and cases of unsatisfactory drainage are being dealt with.

(ii) Public Cleansing.

In the report for 1934 (p. 43), the question of refuse disposal by the different methods of incineration in destructors and of controlled tipping is fully discussed. During 1935, a controlled tip was commenced on land adjoining the aerodrome at Braunstone, with the object of levelling a further piece of land for aerodrome purposes. One quarter of the City's refuse is being dealt with by this method, and after several visits of inspection, I am entirely satisfied both as to the suitability of the site, and as to the means employed for the disposal of the refuse.

As a result of the commencement of this tip, it has been possible to dispense with the use of one destructor, and the Lero Destructor has therefore been closed.

In my opinion, controlled tipping, properly supervised, is a more satisfactory method of disposal than by the destructor, and I wholeheartedly support the action of the Sanitary and Baths Committee in adopting this method. I have had personal experience of controlled tipping for eight or nine years.

(iii) Sanitary Inspection of the Area.

The report of the Chief Sanitary Inspector is in Appendix VII, page 197.

(iv) **Shops.**

During 1935, the City Council decided to delegate its powers under the Shops Acts to the Health Committee, except for those that relate to the closing of shops, which will be performed as formerly by the Watch Committee.

As no previous inspection whatever under the Shops Act, 1934, had been carried out by the Health Committee, it was necessary to devise machinery for this purpose, and four Sanitary Inspectors were specially appointed and took up their duties in February, 1936.

After these inspectors have made a complete survey of the City, it is intended to appoint the District Inspectors as Shops Acts Inspectors in their districts, and to incorporate the special Shops Acts Inspectors as District Inspectors.

(v) **Smoke Abatement.**

Statistical details of the work done in this connection will be found on page 215.

Reference should also be made to the report of the Public Analyst, page 186, and his investigations into atmospheric pollution.

(vi) **Swimming Baths and Pools.**

The closest watch is kept on these premises. With the public becoming more and more interested in these facilities, it is increasingly important that the water should be supervised efficiently by the owners of the pools and by this department.

Full details of the analyses and action taken will be found in the Analyst's report, page 183.

4. Schools.

Reference should be made to my report for 1935 as School Medical Officer.

SECTION D.



HOUSING

SECTION D.

H O U S I N G

New Houses.

During the year 1935, 2,045 new houses were erected within the City. Of these, 1,800 were built by private enterprise, and 245 by the Housing Committee.

The houses erected by the Housing Committee were allocated as follow :—

Freake's Estate.

Rehousing	153
Reinstatement	22
	— 175
Northfield House Estate	70
	—
Total	245
	—

The following Table shows the number of houses built during the last ten years :—

NUMBER OF NEW HOUSES ERECTED, 1926-1935.				
Year.	By Private Enterprise.		By Housing Committee.	Total.
	Without subsidy.	With subsidy.		
1926	374	303	1,036	1,713
1927	726	265	1,590	2,581
1928	481	523	587	1,591
1929	348	680	396	1,424
1930	583	—	505	1,088
1931	632	—	372	1,004
1932	792	—	584	1,376
1933	1,085	—	62	1,147
1934	1,493	—	82	1,575
1935	1,800	—	245	2,045
Totals ..	8,314	1,771	5,459	15,544

Note : The figures prior to 1935 relate to the City previous to extension.

It is very interesting to note the great increase of building by private enterprise which has taken place of late years. Unfortunately, many of the houses thus built are not suitable for the poorest classes, so that the problem of their better housing still remains with us.

No house were built during the year under the Housing (Financial Provision) Act, 1933.

SLUM CLEARANCE

Considerable progress has been made during the year under the Slum Clearance Scheme.

A total of 906 houses was represented as unfit for human habitation during the year. Of these, 153 were dealt with as individually unfit under Section 19 of the Housing Act, 1930, and 753 were included in 29 clearance areas.

The following Table shows the progress of the scheme up to the end of 1935 :—

Area.	No. of Old Houses.		Population.		No. of New Houses re-quired.	No. of Houses Demolished, 1st Jan., 1936.
	In Scheme.	Con-firmed.	In Scheme.	Con-firmed.		
Nos. 1, 2 & 3 : Green St.-Sand-acre St.	241	238	919	898	225	231
Nos. 4, 5, 6 & 7 : Redcross St.	112	97	368	309	85	37
	The above were dealt with previously to 1934.					
Nos. 8, 11, 12, 13, 14 & 15 : Britannia St.- Wharf St.	167	164	744	738	169	5
Nos. 9, 10, 17, 18, & 19 : St. Mark's St.- Grove St.	243	243	876	876	239	—
No. 16 : Bread St.	Dealt with under Section 19 of the Housing Act, 1930.					
Nos. 20-33 : Bedford St.- Wharf St.	422	(413)	1,461	(1,423)	422	—
Nos. 34-42 : Burley's Lane- Archdeacon Lane	256	(245)	877	(861)	246	—
Nos. 43-48 : Bath St., Dyer's Yard, Park St., Jones' Yard, Bon- ner's Lane, Thornton Lane	75	—	209	—	65	—
Individual Unfit Houses	277	277	955	955	277	95
Totals	1,793	1,677	6,409	6,060	1,728	368

NOTES : Areas Nos. 8-19 were declared by the Council to be Clearance Areas in 1934.

Areas Nos. 20-48 were declared by the Council to be Clearance Areas in 1935.

Areas Nos. 9, 10, 17, 18 and 19. Inquiry held 2nd July, 1935 ; orders confirmed.

Areas Nos. 20-42. Inquiry held 24th September, 1935 ; orders confirmed in January and March, 1936, with results shown in brackets in above Table.

Areas Nos. 43-48. Inquiry not yet held.

It is also of interest to record that of the areas on which inquiries have already been held, only 39 houses originally included (or 2.7 per cent. of the total), have been excluded by the Inspector of the Ministry of Health.

REHOUSING.

On the 1st January, 1936, the position was as shown in the following Table :—

Areas.	No. of Houses required.	New Estate.	Houses Available.	
Nos. 1, 2 & 3	225 (all rehoused)	Tailby	213	All occupied.
Nos. 4-7	85 „	Freake's	241	„
Nos. 8, 11-15	169 (rehousing in progress)	Northfield House No. 1	70	„
Nos. 9 & 10, 17-19	239	Northfield House, No. 2	200	Available in 1936.
Nos. 20-47	730	Braunstone	240	
Individual	277 (115 rehoused)	Northfield House, No. 3	307	

In addition, further rehousing schemes are proposed at the New Parks and Braustone Estates.

OVERCROWDING.

The Housing Act, 1935, required a complete survey of the working-class houses of the City to be carried out, and for this purpose seventeen enumerators were appointed.

As the survey has been principally carried out in 1936, I do not propose to comment on it further in this report, except to say that in the first instance its object was to find the number of persons occupying houses of one, two, three or more rooms; secondly, to see that sex separation was observed, and finally, to see that rooms of a certain size laid down by the Ministry were not occupied by more people than were allowed to do so.

The standards laid down were :—

Room Occupation.

A house of one room accommodates two persons.

„	two rooms	„	three	„
„	three	„	five	„
„	four	„	seven and a half	persons.
„	five	„	ten	persons.

Every additional room equals two persons. No account is taken of bathrooms or sculleries.

Sex Separation.

No persons over the age of ten years of opposite sex, other than husband and wife, may occupy the same bedroom.

Room Size.

A room of 110 square feet or more accommodates two units.

„	90-110	„	accommodates one and a half	units.
„	70-90	„	„	one unit.
„	50-70	„	„	half „

No person may occupy a room of less than 50 square feet.

A unit of population equals one adult over ten years.

A half unit equals a child under ten and over one.

No account is taken of children under one year.

The Act will not be easy to administer, particularly owing to the change of population, both as regards new tenancies and also as regards the alteration in age of the children, whereby they cease to be half a unit at the age of ten, and become one unit.

It is intended that a notice shall be put in each rent book showing the number of persons who may occupy a house. This can only be expressed in units of population, as owing to the operation of the half units, no exact definition of the number of individuals could be given. For example, a three-roomed house, with rooms of suitable size, can accommodate five persons or units. These five units can consist of five adults,

say, father, mother, two grown-up daughters and one grown-up son, or can consist of two adults— father and mother, and six children under ten, plus a baby under one year of age, and so on.

Obviously the standard is a low one and not altogether satisfactory, for in the first example, with the five adults, as there are probably only two bedrooms in the house, sex separation will be impossible unless the husband and wife sleep apart, which would overcrowd the two bedrooms, and so in any event the living-room has to be used as a bedroom, which is obviously undesirable.

Still, this is the first time that a national standard of overcrowding has been laid down, and it is hoped that considerable abatement of overcrowding—one of the greatest evils against the Public Health—will be achieved.

The return relating to Housing will be found in Table 16.

DISINFESTATION.

A second defesting station has been established during the year on the north side of the City for the treatment of furniture and other belongings from condemned houses with hydrogen cyanide.

The method employed was fully explained in the 1934 Annual Report (pages 31 and 32), and there has been no variation in the procedure.

The new station serves the Northfield House Estate, and the old station the Braunstone Estate on the west side.

The work has gone along smoothly and without mishap, and it is the exception to find anyone objecting to the process. Rather the reverse, as the following extracts from a letter received from the occupier of a small house (in a future slum area) shows :---

“ . . . I am writing to ask if it would be possible for you to arrange for me to have my furniture go through the same process which the furniture from the slum areas goes through. . . . I have had to use various methods, turpentine, etc., to keep the vermin down. Being old property, all the houses in this row are affected with this scourge.”

The furniture of this house was treated in a privately-owned furniture van ; a charge was made for the materials used and a letter of thanks was received after the job was done.

The Health Department staff also seal up the old houses and fumigate them with hydrogen cyanide prior to demolition. The number of houses and lots of furniture treated are shown on page 202.

TABLE 16.

HOUSING STATISTICS

For year ended 31st December, 1935.

1.—Unfit Dwelling Houses—Inspection.

(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	9,200
(b) Number of inspections made for the purpose	13,948
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	1,056
(b) Number of inspections made for the purpose	2,963
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ..	1,149
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-heading) found to be not in all respects reasonably fit for human habitation	1,326

2.—Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by Local Authority or their officers	878
-------------------------------------------------------------------------------------------------------------------------	-----

3.—Action under Statutory Powers.

A—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :

(1) Number of dwelling houses in respect of which notices were served requiring repairs	2
(2) Number of dwelling houses which were rendered fit after service of formal notices :	
(a) By owners	10
(b) By Local Authority in default of owners ..	Nil

B—Proceedings under Public Health Acts :

(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied ..	2,058
(2) Number of dwelling houses in which defects were remedied after service of formal notices :	
(a) By owners	81
(b) By Local Authority in default of owners ..	1

C—Proceedings under Sections 19 and 21 of the Housing Act, 1930 :

(1) Number of dwelling houses in respect of which Demolition Orders were made	116
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	34

D—Proceedings under Section 20 of the Housing Act, 1930 :

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ..	Nil
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit ..	Nil

SECTION E.

Inspection and Supervision of Food

Details of matters in this section will be found in the reports of the Public Analyst and Chief Sanitary Inspector; pages 173 and 197.

Report on the Tuberculosis Dispensary for 1935

By

WYVILLE S. THOMSON, M.D., D.P.H., Edin.,
Tuberculosis Medical Officer,

with foreword by the Medical Officer of Health.

COMMENT BY THE MEDICAL OFFICER OF HEALTH.

In the following pages is printed the report of Dr. Thomson, Tuberculosis Officer, on the work of his department during 1935.

There are certain matters to which I would especially like to draw attention :—

(1) As already pointed out, the death-rate from Tuberculosis in 1935 constituted a record for Leicester.

(2) With the extension of the City Boundary in April, 1935, 162 notified cases of tuberculosis (139 pulmonary and 23 non-pulmonary) were added to the City.

(3) The liaison between the local medical profession and the dispensary staff continues to be highly satisfactory. This is evidenced by the fact that 87 per cent. of the cases of pulmonary tuberculosis had been examined by the Tuberculosis Officer, or had their sputum examined, prior to notification.

(4) During the last year it has been possible to remove the names of no less than 353 patients from the register as having recovered. During the last five years, less than 2 per cent. of those crossed off the register as recovered have relapsed.

(5) Dr. Thomson comments on the value of X-rays in the diagnosis and control of tubercular conditions. Were the X-ray apparatus actually on the same premises as the dispensary its value would be greatly enhanced. This is being provided for in the proposed new Health Centre.

While on this point, I might mention here that the disadvantages of having the Tuberculosis Dispensary apart from the main Health Department are well known to the Committee, and provision is being made in the new Health Centre to accommodate and so co-ordinate all departments.

(6) Great difficulty has been experienced in finding beds at the sanatorium for cases of tuberculosis, especially female, during the year. Patients have had to be kept waiting, often for several weeks or even months.

The Committee has appreciated that this state of affairs is highly unsatisfactory, and extensions at the sanatorium were approved by the

Council early in 1936 so that one new male block of 40 beds, a new female block of 80 beds, treatment centre and recreation rooms will shortly be built. This will increase the accommodation to 116 male beds and 80 female beds, which should completely do away with our present difficulty of accommodation.

(7) Finally, I would specially comment on the excellent results shown by an investigation into the Saffron Lane Estate.

Dr. Thomson shows clearly that the seriousness of tuberculosis is enormously decreased by good surroundings—a most hopeful augury for the future.

The death-rate has been halved, the incidence of new cases has been reduced by one third, and the chances of recovery for patients living on the Estate have been doubled.

These facts speak for themselves.

The Slum Clearance and Rehousing Schemes should do much to decrease the power of this disease, called by Bunyan, "The Captain of the Men of Death," which in its turn is now giving way to modern methods of prevention and cure.

(8) No action was taken during the year under the Public Health (Prevention of Tuberculosis) Regulations, 1925, or under Section 62 of the Public Health Act, 1925.

(9) There is no evidence that any particular local occupation causes tuberculosis.

This matter is receiving special attention at the present time with particular reference to the question of the incidence of tuberculosis among adolescents. Leicester has so many young people engaged in factories that it is a fruitful source of enquiry. The results of this enquiry will be published in the next report.

Report on the Tuberculosis Dispensary for 1935

By

WYVILLE S. THOMSON, M.D., D.P.H., Edin.,
Tuberculosis Medical Officer.

Premises.

The Tuberculosis Dispensary, situated at 59, Regent Road, is the Centre for dealing with all work in connection with Tuberculosis in the City.

Staff.

The Medical Staff consists of one full-time and one part-time Medical Officer, three fully trained nurses (each of whom is responsible for the visitation over one-third of the City), and a senior and junior clerk.

Notification Register.

Tuberculosis being a notifiable disease, all persons suffering from it must be notified, and their names entered in the "Notification Register" which is kept thoroughly up to date. Whenever a patient dies, the name is removed from the Register. Similarly when a patient recovers, and can no longer be regarded as suffering from Tuberculosis, the name is removed. Or, if a patient removes to another area (when the Medical Officer of Health for that area is notified) the name is removed from the Register. The result is that only those living in the City, suffering from tubercular disease, are retained on the Notification Register.

The following Table gives the numbers on the Notification Register on December 31st, 1935 :—

PULMONARY.			NON-PULMONARY.			TOTAL CASES
Males	Females	Total	Males	Females	Total	
936	1,005	1,941	165	151	316	2,257

Notifications.

When the City boundary was extended in April, 1935, increasing the population by about 20,000, we took over 162 notified cases of Tuberculosis (139 pulmonary and 23 non-pulmonary) from the County, whose names were entered in our Notification Register. Besides these there were notified in the City 398 cases of Tuberculosis (321 pulmonary and 77 non-pulmonary). This figure of 398 shows a slight reduction, only 5, from the figure for 1934 which was 403. The pulmonary fell from 331 to 321, and the non-pulmonary increased from 72 to 77. The reduction, even though it is from an increased population, is not nearly so marked as it has been of recent years. The total notifications for 1935, including the 162 taken over from the County, numbered 560 (460 pulmonary and 100 non-pulmonary).

The following table gives the number of notifications since 1918 :—

1918	....	Pulmonary, 746 ; Non-pulmonary, 82 ; Total, 828
1919	....	„ 658 ; „ 47 ; „ 705
1920	....	„ 572 ; „ 59 ; „ 631
1921	....	„ 497 ; „ 105 ; „ 602
1922	....	„ 566 ; „ 43 ; „ 609
1923	....	„ 692 ; „ 71 ; „ 763
1924	....	„ 725 ; „ 65 ; „ 790
1925	....	„ 606 ; „ 77 ; „ 683
1926	...	„ 650 ; „ 77 ; „ 727
1927	....	„ 700 ; „ 80 ; „ 780
1928	....	„ 668 ; „ 117 ; „ 785
1929	....	„ 657 ; „ 77 ; „ 734
1930	....	„ 582 ; „ 66 ; „ 648
1931	....	„ 511 ; „ 61 ; „ 572
1932	....	„ 442 ; „ 69 ; „ 511
1933	....	„ 438 ; „ 74 ; „ 512
1934	....	„ 331 ; „ 72 ; „ 403
*1935	....	„ 460 ; „ 100 ; „ 560

* Including 139 pulmonary and 23 non-pulmonary taken over from the County when the City boundary was extended in April, 1935.

During the year 137 of the Pulmonary and 37 of the Non-pulmonary cases were notified by the Tuberculosis Officer and it is interesting to note that, excluding those cases taken over from the County, 87 per cent. of all the notified cases of Pulmonary Tuberculosis had either been examined by one of the Tuberculosis Officers or had had their sputum examined and reported on previous to notification.

Every effort is still being made to prevent the spread of infection and so reduce the number of new cases, and the public generally are now more willing to act on advice given in regard to means of preventing infection. The ambulatory case, who goes coughing up the germs of consumption, is a perpetual source of danger to others. If only he could be segregated till free from infection, the number of new cases would rapidly diminish. Similarly all bed-ridden infective cases should be treated in hospital in order to reduce the danger to which other members of the family are exposed. When the proposed Sanatorium extensions are completed and sufficient beds are available we should be able to exercise a much greater control over the spread of infection.

The following table gives the sex and age periods of those notified during 1935 :—

Age Periods	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 & up.	Total
Pulmonary												
Males ..	—	1	9	6	18	24	65	59	24	25	10	241
Females ..	—	1	2	11	21	36	66	37	30	13	2	219
Non-pulmonary												
Males ..	—	10	10	8	9	3	6	3	3	—	1	53
Females ..	—	5	10	7	3	5	9	5	2	1	—	47

It will be seen that, as in previous years, the number of young adolescent pulmonary cases remains high. These cases are generally acute and unless promptly dealt with are most likely to proceed to a rapidly fatal termination. It is in such cases as these that prolonged Sanatorium treatment, together with Collapse Therapy, gives the best results. Generally not less than twelve months institutional treatment is necessary, and where collapse of the diseased lung is by means of artificial pneumothorax, weekly refills at Sanatorium, to maintain the collapse, are continued for at least another twelve months. By this method of treatment the great majority, infective on admission, are discharged in a non-infectious condition. Many such patients, formerly regarded as hopeless, have now a fair chance of making a perfect recovery.

Deaths.

(Note.—In the following paragraph the figures for 1935 for deaths are those allocated locally, which differ somewhat from those given by the Registrar-General (see page 16) although not in the total (252) but in the allocation to Pulmonary (local—234, R.-G.—228) and Non-pulmonary causes (local—18, R.-G.—24).)

It will be remembered that in 1934 we had an unprecedented fall in the Tuberculosis death-rate—from 125 to 100 per 100,000 of the population. It was almost too much to expect that this rate could be maintained for 1935, but though the total deaths are higher, the death-rate (owing to the increased population) is actually lower, viz., 98 per 100,000.

The total deaths in 1935 numbered 252 as compared with 242 in 1934—an increase of 10. As, however, with the 20,000 population we also took over 162 notified cases of Tuberculosis from the County, this figure cannot be regarded as unsatisfactory.

Of the 252 deaths 234 were due to Pulmonary and 18 to Non-pulmonary Tuberculosis. For 1934 the figures were 223 Pulmonary and 19 Non-pulmonary. There has therefore been an increase of 11 Pulmonary deaths and a decrease of 1 Non-pulmonary death.

Sixteen children under 15 years of age are included in the 252 deaths. Of these 6 died from Pulmonary and 10 from Non-pulmonary Tuberculosis. In 1934, the deaths of children under 15 years of age numbered 15 (6 Pulmonary and 9 Non-pulmonary).

Wherever possible it is preferable that dying cases should be dealt with in hospital rather than in their own homes, not only for the skilled nursing they receive but in order to lessen the strain and danger of infection to relatives. Of the total 252 deaths, 33 died in Groby Road Sanatorium, 77 in the City General Hospital, 17 in other institutions and 125 at home.

The following Table gives the number of Deaths and death-rate from Tubercular Diseases since 1903 :—

**Number of Deaths from Tubercular Diseases
in Leicester in past years.**

Year.	Phthisis.		Other Tuberculous Diseases.		Total Tuberculous Deaths.	
	Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.	Deaths.	Rate per 100,000 Population.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1903	266	123	111	51	377	175
1904	353	163	96	44	449	207
1905	288	132	87	40	375	171
1906	339	154	71	32	410	187
1907	275	124	99	44	374	169
1908	287	128	104	46	391	175
1909	290	129	82	36	372	166
1910	281	124	77	34	358	158
1911	288	126	66	28	354	155
1912	284	123	89	38	373	162
1913	301	130	82	35	383	165
1914	273	117	88	37	361	155
1915	325	143	76	33	401	177
1916	306	135	67	29	373	165
1917	343	157	78	35	421	193
1918	316	145	82	37	398	182
1919	264	111	62	26	326	138
1920	255	107	72	30	327	138
1921	278	116	73	30	351	147
1922	294	123	67	28	361	151
1923	285	119	36	15	321	135
1924	287	120	62	25	349	146
1925	305	127	59	24	364	152
1926	282	118	43	17	325	136
1927	283	118	63	26	346	144
1928	265	110	42	17	307	128
1929	266	110	53	21	319	132
1930	227	94	44	18	271	112
1931	262	108	49	20	311	129
1932	240	100	33	14	273	113
1933	269	111	32	14	301	125
1934	223	92	19	8	242	100
1935	234	91	18	7	252	98

War Years

The following Tables give the Age, Sex Distribution and Occupations of those dying from Pulmonary Tuberculosis during 1935 :—

Age and Sex Distribution of Deaths from Phthisis in 1935.								
Age Period.			Males.		Females.		Total.	
0—1	..	..	..		..		..
2—4	..	..	1		4		5
5—9	..	..	1		..		1
10—14	..	..	1		1		2
15—19	..	..	5		10		15
20—24	..	..	17		12		29
25—34	..	..	24		36		60
35—44	..	..	28		12		40
45—54	..	..	19		15		34
55—64	..	..	26		9		35
65 and upwards	..	..	12		1		13
All ages	..	..	134		100		234

Occupations of Persons Dying from Phthisis in 1935.									
			M.	F.				M.	F.
SHOE TRADE :									
Finishers	13	..	Army Pensioners	..	..	..	..
Clickers	4	..	Boxmakers	..	..	..	1
Rivetters	Porters	..	..	3	..
Pressmen	4	..	Licensed Victuallers	..	..	2	..
Machinists	2	Shop Assistants	..	..	4	2
Various	5	3	Warehousemen	..	..	2	..
					Various	..	..	43	6
Total in Shoes	26	5	Occupations not stated				
					(includes Married				
*Hosiery Trades..	8	20	Women, Widows,				
Labourers	20	..	Children and Per-				
Clerks	5	1	sons of no occupa-				
Tailoring Trade	3	..	tion) .. ..	..	..	4	65
Vanmen	4	..					
Soldiers	Grand Total	..	134	100	
Engineers	10	..					
Painters					
Dressmakers					

* A large number of *married* women are engaged in the Hosiery Trade, but these are not included, for in the case of deaths of married women and widows, only the husband's occupation is registered.

An analysis of the **Pulmonary** deaths which occurred during 1935 shows, in the first portion of the following tables those who had had institutional treatment, the stage of the disease when first examined and the length of time elapsing between notification and death. In the second portion of the table similar information is given about those who had not had institutional treatment. In the third portion details are given of those who were never examined at the Dispensary—chiefly patients in other institutions, e.g., Mental Hospital, Royal Infirmary, &c. Included here are also those patients who did not desire examination at the Dispensary.

ANALYSIS OF DEATHS.

PULMONARY CASES HAVING HAD INSTITUTIONAL TREATMENT.									
Stage when first examined	Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
T.B. - ve cases 21	2	—	1	3	2	1	1	1	10
T.B. + ve Stage I. 51 ..	—	—	—	1	5	—	1	6	38
T.B. + ve Stage II. 70 ..	1	3	1	4	11	10	10	12	18
T.B. + ve Stage III. 41 ..	13	4	4	9	2	2	5	2	—
Total 183	16	7	6	17	20	13	17	21	66

Of the total 183 recorded in this table 44 were treated at both Groby Road Sanatorium and the City General Hospital. 82 were treated at Groby Road Sanatorium only and 57 at the City General Hospital only.

PULMONARY CASES NOT HAVING HAD INSTITUTIONAL TREATMENT.										
Stage when first examined	Died within one month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over	
T.B. - ve cases. 8	—	—	2	—	1	—	1	—	4	
T.B. + ve Stage I. 2 ..	—	—	—	—	2	—	—	—	—	
T.B. + ve Stage II. 7 ..	—	1	—	—	1	1	2	2	—	
T.B. + ve Stage III. 6 ..	1	1	2	1	1	—	—	—	—	
Total 23	1	2	4	1	5	1	3	2	4	

PULMONARY CASES NOT EXAMINED AT OR IN CONNECTION WITH THE DISPENSARY.

TOTAL	Died within 1 month of notification	Within two months	Within three months	Within six months	Within twelve months	Within 18 months	Within two years	Within three years	Lived three years or over
17	7	3	1	—	2	—	—	1	3

These tables account for 223 deaths. In addition there were 11 deaths of patients who had never been notified as suffering from Tuberculosis. This gives the total of 234 Pulmonary deaths.

An analysis of the **Non-pulmonary** deaths shows that a large proportion (10 out of 18) were due to an acute form of Tuberculosis, viz., Tuberculous Meningitis. Five of these are known to have been in contact with a notified case of Pulmonary Tuberculosis.

Of the remaining 8 Non-pulmonary deaths, 6 were due to Tuberculosis of Bones and Joints, 1 to Abdominal Tuberculosis and 1 to other organs.

Dispensary Register.

In the Dispensary Register (not to be confused with the Notification Register) are entered the names of all patients examined at or in connection with the Dispensary. Many of those examined are, of

course, found to be non-tubercular. Others have to be examined repeatedly before one can come to a definite decision. As soon as a negative decision is arrived at the name is crossed off the Register. Similarly (as in the case of the Notification Register) the names of those who remove to other areas outside the City boundary are taken off, and an intimation is sent to the Medical Officer of Health of the district to which they remove. Also on the death or recovery of a patient the name is removed, so that the Register, which is kept thoroughly up to date, contains the names of all tubercular patients as long as they are under dispensary supervision.

Recovered Cases.

During the past year it has been possible to remove the names of 353 patients from the register as having "recovered." Of these 322 were Pulmonary and 31 were Non-pulmonary. The Pulmonary cases had remained free from signs of active disease for not less than five years. 164 were adults, of whom 55 had at one time Tubercle Bacilli in the sputum, and 258 were children of whom 22 had also had a "positive" sputum.

All the Non-pulmonary Cases had remained free from active trouble for not less than three years. In 13 cases the trouble was in the bones and joints and most of them had received treatment from Mr. Morris (the Orthopaedic Surgeon) or his predecessor, Mr. Lawson. In 7 cases the disease was in the abdominal organs, in 8 in the peripheral glands and in 3 in the other organs.

It is interesting to note that of the 1,463 patients discharged as "recovered" during the past five years only 28 have broken down and been taken on again with active signs.

The following tables made out for the Ministry of Health from information contained in the Register for the year 1935, and containing information as to the condition of patients previous to 1926, and for each subsequent year, should prove of considerable interest.

ANALYSIS OF CASES ON DISPENSARY REGISTER.

DIAGNOSIS	Pulmonary				Non-Pulmonary				Total				Gr'd T'ls.	
	Adults		Children		Adults		Children		Adults		Children			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A. New Cases examined during the year excluding contacts:—														
(a) Definitely Tuberculous ..	123	91	2	4	15	13	16	15	138	104	18	19	279	
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	15	19	12	10	56	
(c) Non - Tuberculous	—	—	—	—	—	—	—	—	178	175	33	49	435	
B. Contacts examined during the year:—														
(a) Definitely Tuberculous ..	3	8	1	—	—	—	1	—	3	8	2	—	13	
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	—	2	4	4	10	
(c) Non - Tuberculous	—	—	—	—	—	—	—	—	67	134	194	159	554	
C. Cases written off Dispensary Register:—														
(a) Recovered ..	73	108	72	69	6	8	13	4	79	116	85	73	353	
(b) Non - Tuberculous ..	—	—	—	—	—	—	—	—	275	347	269	233	1124	
D. Number of Cases on Dispensary Register on December 31st:														
(a) Definitely Tuberculous ..	691	631	93	66	73	73	72	64	764	704	165	130	1763	
(b) Diagnosis not completed ..	—	—	—	—	—	—	—	—	21	26	26	24	97	
1. Number of cases on Dispensary Register on January 1st			2,091		2. Number of cases transferred from other areas and cases returned after discharge							237		
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ..			109		4. Cases written off during the year as dead (all causes)							229		
5. Number of attendances at the Dispensary ..			12,023		6. Number of Insured Persons under Domiciliary Treatment on December 31st							254		
7. Number of consultations with medical practitioners. (a) Personal (b) Other			74 446		8. Number of visits by Tuberculosis Officers to homes of patients for the purpose of examination							487		
9. Number of visits by Nurses to homes for Dispensary purposes ..			7,686		10. Number of : (a) Specimens of sputum (b) X-ray examinations made in connection with Dispensary work							1,465 1,539		
11. Number of "recovered" cases restored to the Dispensary Register ..			9		12. Number of "T.B. plus" cases on Dispensary Register on December 31st							827		

Supplementary annual return showing in summary form (a) the condition at the end of 1930 of all patients remaining on the Dispensary Register and (b) the reasons for the removal of all cases written off the Register. The table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of Pulmonary Tuberculosis, and their classification at that time.

Condition at the time of the last record made during the year to which the return relates.	Previous to 1926.				1926.				1927.				1928.				1929.				1930.				
	Class T.B. plus.				Class T.B. plus.				Class T.B. plus.				Class T.B. plus.				Class T.B. plus.				Class T.B. plus.				
	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus.)	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus.)	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus.)	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus.)	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus.)	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus.)	
(a) Remaining on Dispensary Register on 31st December.	T.B. Minus.	8	1	10	5	3	1	7	6	2	—	8	4	3	—	7	14	3	—	17	4	14	3	—	17
		9	6	15	5	7	2	10	6	1	—	1	7	2	—	9	10	5	1	14	10	8	5	1	14
		5	2	7	9	1	—	1	21	1	—	1	2	—	—	2	26	2	—	—	44	—	—	—	—
		12	9	23	1	3	—	3	1	2	4	—	6	2	3	—	5	1	6	—	—	12	6	—	18
Disease arrested.		4	9	22	—	3	2	5	2	3	1	4	7	2	1	10	1	7	2	5	1	2	3	—	5
		2	1	3	1	—	—	—	2	—	—	—	—	—	—	—	2	—	—	—	5	1	—	—	1
		9	2	11	2	5	—	5	1	4	1	5	4	4	—	8	5	—	—	6	5	6	—	6	
		75	56	91	23	22	7	31	40	16	9	25	26	14	1	41	54	26	14	61	69	43	17	1	61
Disease not arrested.		—	—	537	23	3	4	8	5	2	—	7	8	3	—	11	37	8	3	15	11	12	3	—	15
		—	—	559	32	6	1	7	39	3	—	3	7	6	—	13	50	7	6	13	34	12	1	—	13
		—	—	934	85	6	1	7	105	—	—	—	—	—	—	3	104	—	3	2	56	2	—	—	2
		—	—	1775	144	22	13	41	182	15	7	31	23	2	2	27	109	23	2	39	84	29	10	—	39
Total on Dispensary Register at Dec. 31st		—	—	1396	24	25	36	93	53	23	39	79	22	31	15	68	20	34	47	97	15	34	47	16	97
		—	—	1055	24	19	25	74	34	8	27	61	19	25	11	55	18	18	27	57	13	18	27	12	57
		—	—	410	6	—	2	2	6	—	—	1	—	—	—	1	4	—	—	3	5	2	1	—	3
		—	—	6666	338	81	82	232	449	54	75	182	79	70	29	178	342	79	70	226	218	109	89	28	226
Discharged as recovered.		—	—	6757	361	103	89	263	489	70	84	53	105	84	30	219	396	105	84	287	287	152	106	29	287
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lost sight of or otherwise removed from Dispensary Register		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dead.		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Total written off Dispensary Register		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GRAND TOTALS		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

PULMONARY TUBERCULOSIS—CONTINUED FROM PREVIOUS PAGE.

Condition at the time of the last record made during the year to which the return relates.		1931.				1932.				1933.				1934.				1935.			
		Class T.B. plus.				Class T.B. plus.				Class T.B. plus.				Class T.B. plus.				Class T.B. plus.			
		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).
(a) Remaining on Dispensary Register on 31st December.		Class T.B. minus.					Class T.B. minus.					Class T.B. minus.					Class T.B. minus.				
Disease arrested.	Adults (M F)	21 41	4 7	— 1	33 22	29 14	— 7	— 2	20 11	1 4	15 13	3 —	18 13	— —	— —	— —	— —	— —	— —	— —	— —
	Children	29	—	—	—	—	—	—	4	3	—	—	—	—	—	—	—	—	—	—	—
Disease not arrested.	Adults (M F)	2 2	15 7	7 3	23 10	13 5	10 9	4 1	27 15	11 11	19 15	11 25	32 43	22 20	41 25	7 1	73 36	26 29	41 18	8 6	69 51
	Children	2	—	—	—	—	—	—	1	—	1	—	1	—	8	—	1	3	—	—	1
Condition not ascertained during the year		2	10	—	10	3	—	—	3	2	3	—	3	2	—	—	—	—	—	—	—
Total on Dispensary Register on Dec. 31st		99	75	21	98	44	28	5	77	32	66	39	110	52	66	8	110	58	47	60	14121
Discharged as recovered.	Adults (M F)	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
	Children	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Lost sight of or otherwise removed from Dispensary Register		32	6	12	18	15	12	2	29	15	5	5	10	2	2	1	8	1	—	—	—
Dead.	Adults (M F)	16 12	27 23	34 32	69 69	19 11	38 25	20 15	77 51	3 11	9 9	43 35	84 73	7 7	8 3	25 9	56 17	7 3	10 10	12 5	25 18
	Children	3	1	2	3	1	—	2	3	2	—	—	1	—	—	—	—	1	—	—	1
Total written off Dispensary Register		63	57	80	159	46	75	39	160	31	23	83	168	16	13	39	81	12	7	20	44
GRAND TOTALS		162	132	101	257	90	103	44	237	63	89	122	278	68	49	105	191	70	54	80	165
(b) Not now on Dispensary Register and reasons for removal therefrom.																					

NON-PULMONARY TUBERCULOSIS.

Condition at the time of the last record made during the year to which the return relates.		Previous to 1926.					1926.					1927.					1928.					1929.					1930.					
		Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	
(a) Remaining on Dispensary Register on December 31st.	Adults { M F	1	—	—	—	1	—	—	—	—	—	1	—	—	1	—	—	—	—	—	3	3	1	—	—	—	1	3	1	—	—	4
	Children	3	1	—	1	5	—	—	—	—	3	—	1	1	5	1	1	—	—	—	2	3	2	—	3	8	4	1	—	3	8	
	Adults { M F	—	—	4	—	4	—	1	—	1	—	—	—	—	—	1	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—
	Children	3	—	2	—	5	1	—	—	—	1	1	—	—	1	—	—	—	—	—	—	2	1	—	—	3	3	—	—	1	4	
Condition not ascertained during the year		1	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
Total on Dispensary Register on Dec. 31st		10	1	6	1	18	1	—	2	—	3	7	—	2	11	7	2	2	1	12	8	4	—	—	3	15	13	2	1	4	20	
Transferred to Pulmonary ..		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(b) Not now on Dispensary Register and reasons for removal therefrom.	Adults { M F	—	—	—	—	26	2	—	—	—	2	—	—	—	—	2	—	1	4	—	—	—	—	—	4	1	—	—	1	1	3	4
	Children	—	—	—	—	50	1	—	—	1	2	2	2	1	5	2	5	1	9	—	—	—	—	—	1	2	—	—	2	—	4	
	Lost sight of or otherwise re- moved from Register ..	—	—	—	—	68	10	2	2	1	15	5	8	4	5	22	6	3	6	15	1	3	—	3	7	3	1	—	3	7	—	—
	Dead.	—	—	—	—	89	8	4	3	10	25	6	4	1	2	13	9	3	2	5	19	8	2	2	7	19	1	2	—	2	5	
Total written off Dispensary Register	Adults { M F	—	—	—	—	98	4	1	2	—	7	2	2	—	1	5	2	1	1	5	3	—	—	—	4	—	—	—	1	1	3	3
	Children	—	—	—	—	156	—	—	—	—	—	1	—	1	2	2	2	3	6	—	—	—	1	1	2	—	—	3	—	—	—	—
	Dead.	—	—	—	—	175	—	—	1	—	1	1	—	—	1	2	1	1	2	—	1	2	—	—	3	2	1	—	1	4	—	—
	Total written off Dispensary Register	—	—	—	—	662	25	7	8	12	52	17	16	7	9	49	24	17	4	15	60	13	8	4	15	40	9	8	4	8	29	
GRAND TOTALS		—	—	—	—	680	26	7	10	12	55	24	16	9	11	60	31	19	6	16	72	21	12	4	18	55	22	10	5	12	49	
(excluding those transferred to Pulmonary)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

NON-PULMONARY TUBERCULOSIS—CONTINUED FROM PREVIOUS PAGE.

Condition at the time of the last record made during the year to which the return relates.	1931.					1932					1933.					1934.					1935.					
	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	Bones and Joints.	Abdominal	Other Organs	Peripheral Glands.	Total.	
(a) Remaining on Dispensary Register on December 31st.	Adults $\left\{ \begin{array}{l} M \\ F \end{array} \right.$	2	1	—	2	5	4	—	—	4	2	—	3	1	6	1	—	—	—	1	4	—	—	—	1	1
	Children	4	1	1	1	7	3	2	3	7	6	1	2	6	15	4	4	—	8	4	—	—	—	1	1	
	Adults $\left\{ \begin{array}{l} M \\ F \end{array} \right.$	—	—	1	—	1	3	—	—	3	1	—	—	—	1	2	5	—	—	—	5	7	3	4	—	14
	Children	2	—	—	—	2	4	—	—	—	5	1	1	—	7	13	16	6	1	—	8	1	3	4	—	24
Condition not ascertained during the year		1	—	—	1	—	—	—	—	—	—	—	—	1	1	—	—	1	—	1	—	—	—	—	—	
Total on Dispensary Register on December 31st		13	3	3	3	22	16	4	5	7	41	18	5	7	11	19	7	9	16	51	24	13	9	11	57	
Transferred to Pulmonary		—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	
Discharged as recovered.	Adults $\left\{ \begin{array}{l} M \\ F \end{array} \right.$	1	1	1	1	4	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Children	1	2	—	1	4	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Lost sight of or otherwise removed from Dispensary Register	6	2	—	2	10	6	2	—	1	9	3	2	—	1	6	—	1	3	4	—	—	1	1	2	
		2	2	—	—	4	—	1	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
Dead.	Adults $\left\{ \begin{array}{l} M \\ F \end{array} \right.$	1	—	—	1	2	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Children	1	2	—	—	3	1	2	—	2	5	1	—	1	2	—	—	—	—	—	1	—	—	—	1	
	Total written off Dispensary Register	13	9	1	5	28	8	5	1	5	19	5	2	1	1	9	—	—	1	3	4	—	—	1	5	
		26	12	4	8	50	24	9	6	12	51	23	7	8	12	50	19	7	10	19	27	13	10	12	62	
(b) Not now on Dispensary Register and reasons for removal therefrom.	Adults	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Children	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	Total written off Dispensary Register	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
GRAND TOTALS	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
(excluding those transferred to Pulmonary)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

Tuberculosis Dispensary as the “Centre for Diagnosis.”

The Tuberculosis Dispensary continues to hold its place as the “Centre for Diagnosis,” and doctors have no hesitation in sending patients whenever they have any doubts as to the presence or absence of Tuberculosis. Notes from 105 different doctors requesting an opinion on 446 cases were received and dealt with during the past twelve months. In addition, many patients, not under medical attention, called on their own initiative desiring to know whether they had consumption.

Clinical Examinations.

Altogether 4,389 clinical examinations were made as compared with 4,430 the previous year. Particulars are as follow :—

	Men	Women	Children	Total
First examinations	401	442	527	1,370
Re-examinations	1,138	1,165	716	3,019
	—	—	—	—
Totals	1,539	1,607	1,243	4,389
	—	—	—	—

“Contacts” Examinations.

In every house where there is a case of Tuberculosis it is most important that all “contacts” should be examined, as in this way one often finds cases in the earliest stage of the disease, when with prompt treatment, the prospects of recovery are really good. Occasionally one comes across the infecting source, who may be a person who never suspected the presence of any such disease. All possible steps are then taken to prevent the infection of others.

During the past year 577 contacts were examined of whom 13 were found to be definitely tubercular and 10 are still regarded as suspicious and are being kept under observation.

Many of the children show signs of having been infected (primary infection) without actually developing the disease. Repeated examination of “contacts” is regarded as a very important part of the work of the Dispensary.

Bacteriological Examinations.

Bacteriological examinations to the number of 1,550 have been made for the tubercle bacillus, as compared with 1,438 in 1934. Of these 414 were examined for doctors in practice in the City, and the remainder were obtained from patients examined at the Tuberculosis Dispensary. Sputum examination, if there be any expectoration, forms part of the complete examination of every patient sent for an opinion, before reporting to a doctor.

The following figures give the results of examinations :—

Nature of Specimen	Positive	Negative	Total
Specimens of Sputum :—			
From Practitioners	52	361	413
From Patients examined at the Dispensary	402	725	1,127
Specimens other than sputum ..	1	9	10
Total ..	455	1,095	1,550

Radiological Examinations.

The value of Radiology as an aid in the diagnosis of tubercular disease, both surgical and pulmonary, cannot be overestimated. By its means, one can often detect lesions which are not revealed on clinical examination, and it shows more clearly than can clinical examination the exact extent and type of the disease. It is of great value in giving a prognosis, as well as in deciding the method of treatment which should be adopted. A series of "X-rays" shows clearly whether progress is satisfactory or otherwise. For such reasons as these much greater use has been made of Radiology during the past year. All such examinations are made at the Sanatorium to which in 1935 1,539 patients were sent. The figure for 1934 was 1,021, so there has been an increase of 50 per cent. Whenever possible it is customary to have a final X-ray examination made before removing patient's name from the Register as "recovered."

Patients Passed for Sanatorium Treatment.

The Medical Superintendent of the Sanatorium (Dr. Mackenzie) and the Tuberculosis Officer meet at the Dispensary each Monday afternoon and interview and select, from patients examined during the previous week, cases for Sanatorium Treatment. During the past

year 310 patients were passed for a course of Sanatorium Treatment ; 263 adults (of whom 9 were surgical), 26 children (surgical cases), and 21 children (pulmonary cases). In 1934 the total was 357, being 280 adults (of whom 5 were surgical), 14 children (surgical cases), and 63 children (pulmonary cases).

Unfortunately, owing to the persistence of Scarlet Fever in the City and the need for a large number of beds, it was found necessary to retain Anstey Lane Sanatorium for Scarlet Fever cases throughout the year. Previously this institution had been used for children of tubercular parents with symptoms of pulmonary trouble. (It was re-opened for this purpose on 14th April, 1936.)

Six of the adult pulmonary cases treated in Sanatorium in 1935 had previously been treated in Sanatorium as children.

Owing to our limited accommodation, many patients who desired admission or re-admission to Sanatorium had to be refused. The waiting list is carefully studied each week before deciding whether a case can be admitted (or re-admitted) to Sanatorium. Often we have had to keep patients on the waiting list for several weeks or even months, to the serious detriment of their health, before they could be admitted to Sanatorium.

During the past year, as in the preceding one, if delay was likely to prove injurious, instead of putting names on the waiting list, when we have known that a considerable time must elapse before the patient could be admitted to Sanatorium we have preferred to recommend their admission to the City General Hospital, pointing out that that institution is now under the care of the Health Committee, just as is the Sanatorium.

Patients Passed for Treatment at the City General Hospital.

In June, 1931, it was decided by the Health Committee that cases of Tuberculosis could only be admitted to the City General Hospital if recommended by the Tuberculosis Officer. Previous to this, a recommendation by the general practitioner was all that was required, and it occasionally happened that patients who had never been notified as suffering from Tuberculosis, and were therefore unknown to this Department, were admitted. During the past year the Tuberculosis Officer has recommended 187 tubercular patients for admission to and treatment at the City General Hospital. This number includes 42 Non-pulmonary cases, of which those suffering from Tuberculosis of the Bones and Joints were sent to the Orthopaedic Ward under the care of Mr. Morris. There were 145 cases of Pulmonary Tuberculosis,

some of whom were acutely ill and required immediate attention. Others were advanced or dying cases who could not be dealt with at the Groby Road Sanatorium. It is satisfactory to report that it has always been possible to have patients admitted immediately to the City General Hospital. On their discharge a report on their condition is sent to the Tuberculosis Officer by the Medical Superintendent.

Patients on Dispensary Treatment.

Medical benefit is available for most patients by means of the State Insurance, Public Medical Service, &c., so that only those patients not so provided for are dealt with at the Dispensary. During the year 135 patients received weekly treatment at the Dispensary, and at the end of the year 56 patients were attending the Dispensary each week. All other patients are advised to attend periodically for advice.

Those children who have had a course of treatment and been discharged from Sanatorium or the City General Hospital are advised to attend the Dispensary once a week in order that they may be kept under careful supervision. When fit for school an intimation is sent to the School Medical Officer.

Attendances.

The total number of attendances of patients at the Tuberculosis Dispensary during the year was 12,013 (as compared with 12,318 in 1934), a weekly average of nearly 250.

Domiciliary Treatment.

Those insured persons under the State Insurance who, for one reason or another, do not receive Sanatorium Treatment, besides others discharged from the Sanatorium, are recommended for "Domiciliary Treatment" under their panel doctors. An intimation to this effect is sent to the doctor, and quarterly reports on the patient's condition are sent by the doctor to the Tuberculosis Officer. During the year, 441 patients received Domiciliary Treatment, and at the end of the year 254 insured persons were receiving such treatment. Four hundred and sixty-eight quarterly reports were sent in regarding patients under Domiciliary treatment.

Visits.

There are three nurses on the Dispensary staff who spend about one-third of their time indoors and two-thirds outdoors visiting newly notified cases besides all those patients whose names are on the

Dispensary Register. As one nurse is constantly required for the indoor work, only two nurses can be visiting at a time. They give advice, both verbal and printed, to each patient, and obtain full particulars as to the home conditions, contacts, &c. Their total visits for the year amounted to 8,200 as compared with 8,341 in 1934. In order to ensure regular visitation to each patient the card index system is in use for each nurse.

The number of visits paid by the Tuberculosis Officers for the purpose of examination was 487 as compared with 447 in 1934.

Nursing of Bedridden and Surgical Cases.

The Health Committee, by an arrangement with the District Nursing Association, provides the services of a nurse to assist bedridden cases of Pulmonary Tuberculosis and those Surgical cases in need of dressings, &c. This work is under the general supervision of the Tuberculosis Officer, and each patient having the services of a district nurse is periodically visited by one of the Tuberculosis Health Visitors. During the past year 109 received assistance in this way. Altogether 5,957 visits were paid at a total cost of £297 17s. 0d. The figures in the previous year were 5,079 costing £253 19s. 0d.

Sleeping Shelters.

We have a number of sleeping shelters which are lent out, free of charge, to suitable patients possessing the necessary ground on which they can be erected. During the year five patients have been regularly using sleeping shelters. One has had a shelter for over four years, one for over three years, one for over two years and two for under twelve months.

Additional Nourishment.

The Health Committee grant milk to necessitous cases, under arrangements made by the Ministry of Health. They can do so up to a sum not exceeding £2 per 1,000 of the population per annum.

In April, 1927, the Committee decided to purchase only Grade A (T.T.) milk and this has been obtained ever since for this purpose.

Mr. Counc. C. E. Keene has again dealt with the applications for milk. He attends at the Dispensary every alternate Friday and reviews each case every four weeks. I desire here to record my appreciation for the very thorough way in which he deals with them.

During the past year 126 persons were granted milk (as compared with 116 in 1934) free of charge, at a total cost of £248 14s. 10d. Last year the total cost was £307 13s. 2d.

At the end of the year 47 patients were in receipt of a daily allowance of free Grade A (T.T.) milk.

After-Care.

Many of the previous headings such as visits, use of sleeping shelters, additional nourishment, nursing of bedridden cases, &c., might well have been included under the term "After-Care." A very important branch of the work consists in looking after patients after their discharge from Sanatorium.

The After-Care Committee, of which Alderman Hincks is the Chairman, meets once a quarter and deals with the reports from the Tuberculosis Officer and each of the nurses.

We have at present 1,860 patients with signs of tubercular disease on our Dispensary Register. Our endeavour is to keep in touch with each of these patients by visitation by the nurses and regular examination at the Dispensary as long as their names remain on the Register.

It is found that patients very much appreciate these visits, and the knowledge that they are not allowed to drift after leaving Sanatorium stimulates them to help themselves. They seek advice in many different directions, and the nurses have been able to help and encourage them in many different ways. Forty-five patients were given the use of air-rings.

The problem of suitable work for tubercular patients still confronts us. Many of these patients are only fit for light work and cannot be depended upon to turn up with the same regularity as healthy individuals, so one cannot blame employers for hesitating to engage them. Light outdoor work such as might be suitable for many of them is extremely difficult to obtain and is almost always unremunerative, so for a married man with dependents is out of the question. Yet we know that in many cases a return to arduous indoor work is simply asking for trouble.

From the After-Care fund we have been able to assist two patients with clothing and one patient with dentures, at a total cost of £4 16s. 4d. In addition to this, thanks to numerous parcels of clothing received by our Nurses, many other patients in poor financial circumstances have been helped.

Prevention of Tuberculosis.

It is much more important to prevent Tuberculosis arising than deal with it once it has developed. Every case of Pulmonary Tuberculosis is infected from a pre-existing case, and as for Non-pulmonary Tubercle, this is also often of human origin. As things are at present, complete isolation and segregation of each infective person is impossible. In order to reduce infectivity under present conditions our chief hope lies in so housing the population as to reduce the infecting agent as much as possible. With this end in view and working in co-operation with the Housing Committee we have had over 500 houses allotted to our tubercular families in the various Housing Estates belonging to the Corporation.

An investigation was carried out towards the end of the year on the Saffron Lane Housing Estate in order to show what benefit was derived by housing families in a good healthy district, of which the following is a summary.

Tuberculosis on the Saffron Lane Estate.

This estate consist of 2018 houses and its age is approximately 10 years. The number of persons per house was estimated at 4.82, giving a population for the estate of 9,727.

From unsatisfactory and overcrowded houses throughout the City, houses on this estate were granted to 224 of our tubercular patients. In addition 161 new patients were notified, giving a total of 385 cases.

The **Deaths** on this estate in the 10 years numbered 67, an average of 6.7 per annum, equivalent to 6.9 per 10,000 of the population.

Comparisons were made with three City Wards of similar populations (St. Margarets, The Castle and Wycliffe) whose respective Tuberculosis Death-rate per 10,000 population averaged 17.5, 14.9 and 9.4.

Two wards have a somewhat similar number of houses (Newton and Charnwood) and in them the Tuberculosis Death-rate averaged 12.2 and 9.5.

And the Tuberculosis Death-rate for the City as a whole averaged 12.7—nearly double that of the Saffron Lane Estate.

The number of **New Cases** on the Saffron Lane Estate during its 10 years of existence was 161, an average of 16.1 per annum, equivalent to 16.5 per 10,000 population.

The number of New Cases in the City as a whole during the past 10 years numbered 6,355, an average of 635.5 per annum, equivalent to a New Case rate of 26.2 per 10,000 population—37 per cent. more than on the Estate.

Lastly we dealt with “**Recoveries**” and it is important to remember that no patient suffering from Pulmonary Tuberculosis is regarded as “recovered” until he has been free from active signs of Tuberculosis for not less than 5 years. In the case of Non-pulmonary Tuberculosis, a period of at least 3 years must elapse during which there have been no active signs of disease, before he can be regarded as “recovered.”

Of the total 385 cases on the Estate, 115 were removed from our register as having recovered, equivalent to a Recovery Rate of 30 per cent.

For the City as a whole we have had 8,144 cases in 10 years of which 1,275 have recovered, which is equivalent to a Recovery Rate of 15.6 per cent.—just about half as good as on the estate.

Speaking broadly, we may say that the Death-rate on the Estate has been about half that of the City as a whole ; the New Case rate on the Estate just about two-thirds ; and the Recovery Rate on the Estate just about twice as good as for the City as a whole.

These figures clearly show that where ample fresh air and sunlight are available and the infecting agent much more diluted, as on the Estate, the prospects of recovery are greatly increased and the danger to the public, as instanced by the New Cases arising, are much reduced.

Our aim should be to have not only tuberculous persons, but every family properly housed in satisfactory surroundings, when the probability of infection by Tuberculosis or other infectious disease will be reduced to a minimum.

WYVILLE S. THOMSON.

Report on the Isolation Hospital and Sanatorium for the year 1935

By

J. C. HAMILTON MACKENZIE, M.D. (Glas.), D.P.H. (Lond.)
Medical Superintendent.

With foreword by the Medical Officer of Health.

THE ISOLATION HOSPITAL AND SANATORIUM.

In presenting the report of the Medical Superintendent on the work of this hospital during 1935, there are one or two matters relating to the incidence of infectious disease to which I would especially draw the Committee's attention.

(1) The epidemic of scarlet fever which occurred in 1934 continued throughout 1935. 1,405 notifications were received with 1,073 admissions to hospital. Where home isolation is considered suitable, the patient is not removed to hospital.

The Medical Superintendent points out the difficulty of accommodation for scarlet fever cases. The difficulty has been appreciated by the Committee, and it has been decided to provide 48 cubicle beds, part of which accommodation should relieve the scarlet fever wards.

In the nursing of scarlet fever, proper bed spacing, so that patients are not too close together, is all-important, otherwise cross-infection is bound to result. The hospital staff are to be congratulated on the small amount of cross-infection which has occurred during the year in overcrowded wards.

(2) The incidence of diphtheria was about the same as in previous years. The analysis of the fatality-rates from 1900-1935 on page 90 is especially interesting.

The Medical Superintendent draws attention to the fact that "preventive measures directed against diphtheria have been ineffective in reducing the incidence of the disease," and that "hospitalisation of diphtheria as a preventive measure has been ineffective in reducing the amount of this disease in the City."

This is a matter of paramount importance.

The alternative to hospitalisation as a means of preventing the disease is active immunisation. This method has now passed the stage of experiment and is a Public Health measure of the greatest value.

There is ample and sufficient evidence that diphtheria immunisation does protect the individual against the disease, and that every step should be taken to encourage the public to accept this most valuable preventive measure. Owing to the brevity of my period of office in Leicester, it has been impossible to approach

this problem as yet, for if it is approached at all it is essential that it should be tackled in the most whole-hearted and intensive manner. I hope, however, that I may be able, shortly, to bring forward a scheme which will meet with acceptance.

(3) A small epidemic of acute anterior poliomyelitis (infantile paralysis) occurred during the year. 13 cases were notified and eight admitted to hospital. The after-effects of hospital treatment were very satisfactory.

(4) The appointment of Dr. E. M. Ward as Pathologist on the 1st April, 1935, is noted. A special report by Dr. Ward, a new item, is incorporated in the report of the Medical Superintendent.

This appointment has been of very great value to the Health Department, and has not only enabled a great increase in the amount of work to be carried out, but has co-ordinated the work of the various departments in a most satisfactory manner.

Report on the Isolation Hospital and Sanatorium for the year 1935

By

J. C. HAMILTON MACKENZIE, M.D. (Glas.), D.P.H. (Lond.)
Medical Superintendent.

I herewith submit the Annual Report on the work of the above Hospital for the year 1935.

Table A at the end of this report shows the number of cases of the various diseases, admitted, discharged and died.

In the following tables the individual Infectious Diseases are dealt with, and the figures have been adjusted by allowing for altered diagnosis.

SCARLET FEVER.

GENERAL STATISTICS.

Cases discharged	..	..	..	..	..	..	1073
Altered diagnosis	..	..	..	..	..	..	56
Readmissions	..	..	..	..	..	..	28
Verified cases discharged	..	..	..	..	..	..	989
Deaths	..	..	..	..	..	..	Nil

Concurrent Infections on admission :

Scarlet Fever and Chickenpox	..	..	..	..	3
„ „ „ Diphtheria	..	..	..	..	6
„ „ „ Measles	..	..	..	..	3
„ „ „ Whooping Cough	..	..	..	..	1
„ „ „ Rubella	..	..	..	..	1
„ „ „ Mumps	..	..	..	..	3

Cross Infections :

With Diphtheria	..	..	..	..	..	..	5
„ Chickenpox	..	..	..	..	..	..	2
„ Measles..	..	..	..	..	..	..	4
„ Mumps	..	..	..	..	..	..	2
„ Rubella	..	..	..	..	..	..	6
„ Whooping Cough	..	..	..	..	..	..	1
Return Cases	..	..	..	..	..	..	35
Return Case Rate	..	..	..	..	..	..	3.5 per cent.

COMPLICATIONS.

Otorrhoea	..	..	..	..	..	..	52
Nephthritis	..	..	..	..	..	..	5
Albuminuria	..	..	..	..	..	..	12
Arthritis ..	..	..	..	..	..	..	3
Endocarditis	..	..	..	..	..	..	4
Pericarditis	..	..	..	..	..	..	1
Secondary Adenitis	..	..	..	..	..	..	47
„ Tonsillitis	..	..	..	..	..	..	6
Mastoiditis	..	..	..	..	..	..	1
Nasal discharge	..	..	..	..	..	..	23
Abscesses..	..	..	..	..	..	..	10
Minor Sepsis	..	..	..	..	..	..	52

The epidemic of Scarlet Fever reported in 1934 was maintained in the year 1935. The number of admissions of Scarlet Fever was greater in the year 1935 than in 1934, namely, 1,073, as against 912. This is the greatest number of admissions for many years. We had again to utilise additional accommodation, and Anstey Lane Children's Hospital continued to serve as a Convalescent Ward for Scarlet Fever patients.

On the whole the type of disease was mild and no deaths occurred during the year.

Unfortunately, the overcrowded state of the Wards and the lack of cubicle accommodation increased our number of cross infections, but considering the conditions under which we were working the cross infection rate is still low.

We were indeed fortunate to be able to control the cross infections with Diphtheria and Measles ; the former was controlled by swabbing, schick testing and passive immunisation, and the latter by administration of convalescent measles serum.

Complications.

The complications were relatively mild and all patients recovered before discharge. The most difficult complication to treat was Otorrhoea. The majority of cases with this complication were under 5 years of age and had previous history of ear discharge ; it was possible, however, to have the ears dry prior to discharge.

Treatment.

Scarlet Fever Antitoxin, as a specific anti-serum against the germ causing Scarlet Fever, continued to be administered as a routine measure to selected cases.

Antitoxin was not given to cases admitted after the 5th or 6th day of disease.

The route of administration of Antitoxin undoubtedly has an effect on the speed of recovery. Antitoxin given intravenously gives optimum results, but technical difficulties make this procedure rather unsafe for routine purposes.

Antitoxin given intramuscularly gives us satisfactory results, but the speed of recovery is not so marked as when the Antitoxin is given by the intravenous route.

During the year an attempt was made to assess the effect of Scarlet Fever Antitoxin given intraperitoneally, but sufficient cases have not yet been gathered to give a satisfactory opinion ; however, it was ascertained that the procedure is safe.

Treatment :—

Number of cases receiving intravenous antitoxin	..	..	3
„ „ „ „ intramuscular antitoxin	..	..	857
„ „ „ „ intraperitoneal antitoxin	..	..	91
„ „ „ „ no antitoxin..	..	..	38

Follow-up Clinic.

The policy was maintained of discharging uncomplicated serum-treated cases of Scarlet Fever at the end of 14 days ; without this policy it would have been impossible to deal with the number of Scarlet Fever cases which occurred in the year.

As formerly, all early discharge cases were examined at the follow-up clinic one week after discharge. With the continuance of this policy there was no marked change in the return case rate. For the year the return case rate was 3.5 per cent.

From this Clinic 28 cases were re-admitted to the Hospital for further investigation, the results of these investigations were as follow :—

Observation (no pathological condition found)	..	..	9
Recurrent Nasal Discharge	..	..	10
„ Otorrhoea	..	..	3
Adenitis	..	..	6

DIPHTHERIA.

Cases discharged	..	..	..	..	..	..	450
Altered diagnosis	..	..	..	..	..	..	68
Verified cases	..	..	..	..	..	..	382
Deaths	..	..	..	..	..	..	8
Case mortality	..	..	..	..	..	2.0 per cent.	

Concurrent Infections on Admission :

Diphtheria and Measles	..	..	..	..	..	1
„ „ Scarlet Fever	..	..	..	..	..	3
„ „ Rubella	..	..	..	..	..	2
„ „ Mumps	..	..	..	..	..	7
„ „ Whooping Cough	..	..	..	..	..	4

Cross Infections :

With Scarlet Fever	..	..	..	..	..	2
„ Mumps	..	..	..	..	..	1

COMPLICATIONS.

Paralysis of Heart (a) Severe	..	..	..	..	..	5
„ „ „ (b) Slight	..	..	..	..	..	19
„ „ Palate	..	..	..	..	..	14
„ „ Ocular Muscles	..	..	..	..	..	1
„ „ Pharyngeal Muscles	..	..	..	..	..	2
Laryngeal Diphtheria	..	..	..	..	..	29
Recovered	..	..	..	..	..	24
Tracheotomy	..	..	..	..	..	13
Recovered	..	..	..	..	..	9
Schick Tests :						
Positive	..	..	..	..	..	37
Negative	..	..	..	..	..	45
Active Immunisation	..	..	..	..	..	19
Virulence Tests :						
Positive	..	..	..	..	..	10
Negative	..	..	..	..	..	62

Table showing Mortality in Severe Cases.

Type of Disease.	Number of Cases.	Deaths.	Mortality of the Group.
Group A. Early	6	1	22.2 per cent.
Late ..	3	1	
Group B	90	1	1.1 per cent.
Laryngeal ..	29	5	17.2 per cent.

Group A. *Early.* Malignant, with thin rapid spreading membrane.
Late. Extensive membrane, with late toxic symptoms, admitted after third day of disease.

Group B. Moderately toxic cases.
Laryngeal. Respiratory symptoms predominate.

382 verified cases of Diphtheria were discharged with 8 deaths.

The fatality rate for the year being 2 per cent., this is the lowest fatality rate recorded since the Hospital was opened in 1900. Excluding deaths from Laryngeal Diphtheria the fatality rate for the year is 0.78 per cent.

The low fatality rate is chiefly due to the comparative mildness of the disease in the latter six months of the year.

Treatment.

During the year we continued our former policy of attempting to assess the toxicity of each case on admission ; on admission each case was classified into a group ; the more severe cases being classified in Groups A and B as noted above.

The average dose of Antitoxin for Group A is 100,000 to 150,000 units, Group B from 20,000 to 60,000 units.

The dosage for each case is assessed on admission and the complete dose given intravenously. The policy of interrupted doses is wasteful and unsatisfactory, consequently great care was given in assessing the initial dosage for each case.

For the milder cases antitoxin is given intramuscularly and the dosage varies from 8,000 to 16,000 units.

82 Schick tests were performed during the year. In the majority of cases the test was performed to distinguish between the disease and the carrier state.

72 virulence tests were performed, these tests being necessary to elucidate whether the carrier harboured virulent or non-virulent Diphtheria germs.

Survey of the Fatality Rates from Diphtheria Treated in Leicester Isolation Hospital from 1900 to 1935.

Year	Cases treated in Leicester Isolation Hospital				Cases treated outside Isolation Hospital		Total Deaths in Leicester
	Admitted	Discharged	Died	Fatality Rate %	Cases	Deaths	
1900	551	—	134	24.0	901	182	316
1901	590	516	88	17.0	444	67	155
1902	178	195	10	5.1	142	19	29
1903	47	55	6	10.9	164	22	28
1904	26	30	1	3.3	71	5	6
1905	86	71	7	9.8	102	4	11
1906	158	152	15	9.8	149	11	27
1907	102	86	11	12.9	76	6	17
1908	92	83	9	10.8	31	—	9
1909	83	80	8	10.0	57	6	14
1910	70	72	5	7.0	44	6	11
1911	176	148	12	8.0	70	9	21
1912	143	134	15	11.0	77	6	21
1913	133	115	12	10.4	52	7	19
1914	110	94	15	15.9	26	4	19
1915	110	103	16	15.5	46	11	27
1916	92	86	8	9.3	23	3	11
1917	114	92	14	15.2	14	4	18
1918	147	138	15	10.8	7	—	15
1919	269	215	24	11.1	—	6	30
1920	413	387	37	9.5	58	4	41
1921	274	250	24	9.6	50	4	28
1922	143	138	13	9.5	25	7	20
1923	125	114	9	7.9	17	—	9
1924	395	309	31	10.0	34	4	35
1925	336	351	32	9.1	14	2	34
1926	346	298	38	12.7	20	—	38
1927	285	*260	10	3.8	24	1	11
1928	425	*390	16	3.9	36	1	17
1929	232	*207	13	5.9	21	—	13
1930	166	*181	6	3.2	32	1	7
1931	118	*102	8	7.3	3	—	8
1932	85	*55	6	10.9	—	—	6
1933	335	*253	10	3.9	3	1	11
1934	463	*353	16	4.5	6	4	20
1935	447	*382	8	2.0	—	—	8

* Verified cases.

Fatality rate= number of deaths per 100 cases discharged.

The above table is included in this report on account of the fact that the fatality rate from Diphtheria in Leicester Isolation Hospital

for the year 1935 as already stated was the lowest recorded since the Hospital was opened in 1900.

The significant points in the table are :—

1. Fatality Rates.

The sudden decline in the fatality rate from the year 1901 to 1902 ; this decline was, no doubt, due to the general use of Diphtheria Antitoxin which was introduced at that period. The fatality rate remained around 10 per cent. from 1902 until 1927, excepting the year 1904, when an unusually small number of cases (30) were discharged, consequently the fatality rate for this year is of little significance.

A second decline in fatality rate is noted in 1927, this decline was brought about by the employment of intensive intravenous treatment for severe Diphtheria by a large dosage of Antitoxin ; the decline is maintained until 1935, excepting the year 1932, when only 55 cases were discharged—a figure too low on which to base a significant fatality rate.

2. Cases treated outside Isolation Hospital.

Note the gradual decrease in the number of cases of Diphtheria treated outside the Isolation Hospital. Compare the years 1903, 1904 and 1905, where more cases were treated outside the Hospital than in the Hospital with the years 1931-1935, where a total of 12 cases were treated outside the hospital.

3. Incidence of Diphtheria in Leicester.

Excluding the large epidemic at the beginning of the century there is practically no change in the incidence of Diphtheria in the city. In the year 1934, 469 cases of Diphtheria were notified—the second highest figure since 1901. The inference from this fact is that up to the present the preventive measures directed against Diphtheria have been ineffective in reducing the incidence of the disease.

Conclusions.

1. The introduction of Diphtheria Antitoxin in 1900 reduced the fatality rate from this disease.

2. Intensive intravenous Antitoxin treatment introduced in 1927 reduced the fatality rate still further, but this treatment has a limited application ; it will not reduce the death rate from :—

(a) Advanced late cases of Diphtheria.

(b) Laryngeal Diphtheria, where respiratory obstruction is the cause of death.

3. Hospitalisation of Diphtheria as a preventive measure has been ineffective in reducing the amount of this disease in the city.

PUERPERAL PYREXIA.

Verified cases discharged	18
-----------------------------------	----

ANALYSIS OF CASES.

Puerperal Sæpraemia	7
„ Septicæmia	2
Pyelitis	3
Puerperal Insanity	1
Mastitis	3
Miliary Tuberculosis	1
Erythema Nodosum	1

DEATHS (1 Septicæmia and Peritonitis, 1 Miliary Tuberculosis)	2
---------------------------------------------------------------	---

COMPLICATIONS.

Phlegmasia Alba Dolens	1
Septic Arthritis	1
Peritonitis	1

18 cases of Puerperal Pyrexia were discharged with 2 deaths; virtually there was only one maternal death, i.e., from Puerperal Septicæmia, the other death being due to Miliary Tuberculosis.

There were two cases of Puerperal Septicæmia—the most fatal of the Puerperal infections. One of the cases died following Peritonitis as a complication; the other recovered, having Septic Arthritis as a complication. The recovered case was treated by blood transfusions and intravenous Scarlet Fever Antitoxin.

Seven cases of Puerperal Sæpraemia were discharged: all cases were treated by the administration of intrauterine glycerine.

Sixteen babies were admitted with mothers and breast feeding was satisfactorily maintained.

The clinical notes of all cases were sent to the M. & C.W. Officer after discharge, in order that patients and babies may be followed up by the appropriate departments.

MEASLES.

Verified cases discharged	46
Altered diagnosis	2
Deaths	2
Concurrent Diseases :	
Mumps	1
Cross Infection :	
Mumps	1

COMPLICATIONS.

Broncho-Pneumonia	..	..	..	..	..	..	23
Otorrhoea	..	..	..	..	..	..	7
Gland Abscess	..	..	..	..	..	..	1
Stomatitis	..	..	..	..	..	..	1
Empyema	..	..	..	..	..	..	1
Embolic Nephritis	..	..	..	..	..	..	1

46 verified cases were discharged, including two deaths. Both deaths occurred from Broncho-Pneumonia, in debilitated children.

Owing to our limited accommodation, it was impossible to admit as many cases of Measles as we desired, consequently, cases were selected ; debilitated children and complicated cases having preference.

Convalescent Measles serum was again used with great success in controlling cross infection in Fever wards.

During the year we did not obtain much serum from convalescent cases as the majority of patients were young children.

ACUTE ANTERIOR POLIOMYELITIS.

Cases admitted	..	..	..	..	..	..	8
Verified cases discharged	..	..	..	..	..	..	8
Deaths	..	..	..	..	..	..	Nil

All cases were admitted during the month of August when the disease was endemic.

Paresis of muscles was manifest in every case on admission ; the lower limbs were affected in the majority of cases.

All cases were treated by physiological rest of the affected limbs. Seven cases made a complete recovery and the remaining case had some slight weakness of the deltoid muscle, and was transferred to the City General Hospital for massage.

The discharged cases were instructed to attend the Orthopaedic Clinic for further observation. (See Orthopaedic Report, page 137.)

CEREBRO-SPINAL FEVER.

Cases discharged	..	..	..	..	..	..	11
Altered Diagnosis (Pneumococcal Meningitis)	..						2
Verified cases discharged	..	..	..	..	..	..	9
Deaths	..	..	..	..	..	..	4

DEATHS.

- (1) Child aged $4\frac{1}{2}$ months. Admitted late in the disease, died 6 days after admission.
- (2) Child aged 6 months. Death 12 days after admission.
- (3) Man aged 46 years. Admitted on 4th day of disease and died 12 days after admission.
- (4) Child aged 1 year 8 months. Death 21 days after admission.

Five cases recovered and four died. Three of the deaths were in young children under two years.

Continuing the policy of the previous year, Ferry's Meningococcal Antitoxin was used in the treatment of Cerebro-Spinal Fever. Treatment consisted in the Intravenous administration of 90 c.c. of Antitoxin together with daily drainage of the theca, combined with the introduction of small doses of Antitoxin by this route.

The number of cases treated by Antitoxin in this year is too small to draw any definite conclusion as to the relative values of Meningococcal Antitoxin and Antimeningococcal Serum.

TYPHOID FEVER.

Cases discharged	..	..	..	..	..	..	10
Altered diagnosis	..	..	..	..	..	..	2
Verified cases discharged	..	..	..	..	..	..	8
,, ,, classified as :							
Paratyphoid B	..	..	..	..	..	..	2
Typhoid	..	..	..	..	..	..	6

PARATYPHOID.

Verified cases discharged	..	..	..	..	..	..	2
Deaths	..	..	..	..	..	..	Nil

COMPLICATIONS.

Thrombosis Femoral Vein	..	..	..	..	..	..	1
Cerebral Embolism	..	..	..	..	..	..	1

TYPHOID.

Verified cases discharged	..	..	..	..	..	..	6
Deaths	..	..	..	..	..	..	Nil

COMPLICATIONS

Pleurisy	..	..	..	..	..	..	1
Periostitis	..	..	..	..	..	..	1
Pulmonary Embolism	..	..	..	..	..	..	1

As noted above, 8 verified cases of Typhoid Fever were discharged with no deaths. All cases were severe and all the complications were alarming, particularly the Cerebral Embolism, but they cleared up satisfactorily prior to discharge.

Other Infectious Diseases discharged during the year 1935.

					Recovered.	Died.	Total.
Erysipelas	..	..	..	..	22	—	22
Chickenpox	..	..	..	..	3	—	3
Scabies	..	..	..	..	12	—	12
Cellulitis	..	..	..	..	—	2	2
Whooping Cough and Pneumonia	..	..	..	..	17	3	20
Impetigo	..	..	..	..	2	—	2
Staphylococcal Septicaemia	..	..	..	..	—	1	1
Rubella	..	..	..	..	9	—	9
Mumps	..	..	..	..	2	—	2

Owing to our limited cubicle accommodation, it was impossible to admit all the Infectious Diseases notified to the Hospital ; many cases, particularly of Erysipelas, were refererd to the City General Hospital.

TUBERCULOSIS.

Table A at the end of this report shows the analysis of the Tuberculosis cases discharged during the year.

The accommodation for Tuberculosis is as follows :—

	Adult Males.	Adult Females.	Children.
Pulmonary Tuberculosis	76	46	50
	Adults.		
Surgical Tuberculosis ..	12		14

In the year 1935 the boundary extensions to Leicester became operative, and the waiting list for Pulmonary Tuberculosis became very heavy. The accommodation for Pulmonary Tuberculosis is now inadequate, but a scheme for extension to the Hospital has been proposed and the details will be given in subsequent reports. (See page 57.)

The accommodation for Surgical Tuberculosis remains unchanged at the moment, but when conditions are favourable it is proposed to transfer all the Surgical Tuberculosis (bones and joints) to the City General Hospital, but our existing accommodation will still be used for the treatment of Non-pulmonary Tuberculosis, confined mainly to Glandular and Abdominal Tuberculosis.

	In Hosp. on 1st Jan., 1935	Adm. during year	Disch. during year	Died during year	In Hosp. on 31st Dec. 1935
(a) Number of doubtfully tuberculous cases admitted for observation :—					
Adult males	—	18	18	—	—
Adult females	1	21	21	—	1
Children	—	20	20	—	—
Total	1	59	59	—	1
(b) Number of patients suffering from pulmonary tuberculosis :—					
Adult males	47	124 26 Holt	83 26 Holt	22	66
Adult females	33	73 31 Holt	57 31 Holt	8	41
Children	4	10 20 Holt	8 20 Holt	1	5
Total	84	207	148	31	112
(c) Number of patients suffering from non-pulmonary tuberculosis :—					
Adult males	3	4	5	—	2
Adult females	2	5	4	—	3
Children	21	19	22	—	18
Total	26	28	31	—	23
Grand Total (a), (b) and (c)	111	311	255	31	136

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis.						For Non-pulmonary Tuberculosis.						Totals.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ..	—	—	—	4	12	4	—	—	—	1	1	9	5	13	13
Non-tuberculous ..	7	4	6	7	5	10	—	—	—	—	1	5	14	10	21
Doubtful	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ..	7	4	6	11	17	14	—	—	—	1	2	14	19	23	34

TABLE E. As required by the Ministry of Health.
RESULTS OF TREATMENT. GROBY ROAD SANATORIUM.

Classification on admission to the Institution.			Condition at time of discharge.	Duration of Residential Treatment in the Institution.													
				Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			TOTAL	
				M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
PULMONARY TUBERCULOSIS.			Class T.B. minus.	Quiescent	—	2	1	1	6	1	4	2	—	—	—	—	17
				Not Quiescent ..	6	4	—	9	9	6	—	3	2	—	—	—	39
				Died in Institution ..	—	—	—	1	—	—	—	—	—	—	—	—	1
			Class T.B. plus Group 1.	Quiescent	3	1	—	2	3	—	—	1	—	—	—	—	10
				Not Quiescent ..	2	2	1	10	5	1	2	3	1	1	1	—	29
				Died in Institution ..	—	1	—	—	—	—	—	—	—	—	—	—	1
			Class T.B. plus Group 2.	Quiescent	2	—	—	4	2	—	4	2	—	—	—	—	14
				Not Quiescent ..	5	2	—	11	13	—	20	8	—	7	6	—	72
				Died in Institution ..	1	—	—	2	2	—	2	—	—	1	—	—	8
Class T.B. plus Group 3.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—			
	Not Quiescent ..	1	—	—	4	—	—	2	3	—	2	—	—	12			
	Died in Institution ..	5	2	—	2	—	—	2	1	—	—	1	—	13			
NON-PULMONARY TUBERCULOSIS.			Bones and Joints.	Quiescent or Arrested	—	—	1	—	—	—	—	—	—	—	2	3	
				Not Quiescent ..	1	—	—	1	2	2	1	2	—	1	1	7	18
				Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—	—
			Abdominal.	Quiescent or Arrested	—	—	—	—	—	—	—	—	1	—	—	—	1
				Not Quiescent ..	—	—	—	—	—	—	—	—	1	—	—	—	1
				Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—	—
			Other Organs.	Quiescent or Arrested	1	—	—	—	—	2	—	—	1	—	—	—	4
				Not Quiescent ..	—	—	1	—	—	—	—	—	1	—	—	—	2
				Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Peripheral Glands.	Quiescent or Arrested	—	—	—	—	—	—	—	—	—	—	—	—	—			
	Not Quiescent ..	—	—	—	—	—	—	—	—	—	—	—	—	—			
	Died in Institution ..	—	—	—	—	—	—	—	—	—	—	—	—	—			

Pulmonary Tuberculosis.

It is generally appreciated that Pulmonary Tuberculosis varies in its severity according to the age of the individual. It is now accepted that Pulmonary Tuberculosis in young adult life is a very acute disease, particularly in females.

Throughout England and Wales the death rate in Pulmonary Tuberculosis has fallen in every age group except the "young adult." In Leicester the problem of the young adult is particularly aggravated by the fact that so much female labour is employed in factories, and the opportunity of infection is therefore great. (See page 64.)

For the past three years we have been concentrating on the detection of the disease and the treatment of it in young adults. In co-operation with the Tuberculosis Officer the following measures have been adopted.

- (1) X-ray examination of as many young adult contacts as possible.
- (2) Preference in admission to the Sanatorium of young adults suffering from Pulmonary Tuberculosis.

As mentioned above Pulmonary Tuberculosis in young adult life is a very acute disease. Apart from the toxic symptoms the initial lesion in the lung quickly breaks down and forms a cavity. These lung cavities are potential sources of danger, because they are the sources of haemorrhage and further spread of disease.

Special Treatment for Pulmonary Tuberculosis carried out in the Sanatorium during 1935.

Artificial Pneumothorax :

New cases induced	..	..	..	..	..	39
Refills (In-patients)	..	..	..	..	..	1309
„ (Out-patients)	..	..	..	..	..	1234
Total						2,543
Aspirations and Air replacements	..	..	..	..	..	223
„ „ „ Out-patients	..	..	..	..	..	53
Phrenic Avulsions	..	..	..	..	..	5
Gold injections	..	..	..	..	..	419
Blood examinations	..	..	..	..	..	600

As cavities in the lung are a potential source of danger the object of treatment in Pulmonary Tuberculosis is not only to increase the patients' resistance to the disease but to heal the cavities. The best treatment to this end is rest ; prolonged recumbency in itself may be

sufficient to heal cavities, but in the majority of cases further rest by collapsing the affected lung must be adopted. The collapse of the lung and the incriminating cavities is best effected by Artificial Pneumothorax. Unfortunately it is not always possible to employ this therapeutic measure owing to the disease being present in both lungs, or to mechanical difficulties in producing a collapse.

Occasionally it is possible where the disease is present in both lungs to combine Gold Treatment and Artificial Pneumothorax. In a limited number of cases where Artificial Pneumothorax is impossible, our object may be effected by the operation of Phrenic Avulsion. The effect of Phrenic Avulsion is to reduce the size of the lung in a vertical plane.

In cases where Artificial Pneumothorax and Phrenic Avulsion have been impossible, or have failed to collapse the cavities, two other operations for collapse therapy are possible, namely: Apicolysis and Thoracoplasty. These latter measures have not yet been possible in Leicester, but it is hoped they will be available in the near future.

From the foregoing observations it will be seen that the treatment of Pulmonary Tuberculosis is not merely a "rule of thumb" method, but a consideration of the merits of each individual case.

In the past, the Sanatorium régime aimed at improving the resistance of the patient by giving treatment in a hygienic and pleasant atmosphere, by good food and teaching a disciplined life; that the former Sanatorium régime is still essential is indisputable, but the modern improvements in X-ray technique have shown us more clearly the pathological process of the disease.

It has now become essential to X-ray every patient at a minimum three-monthly interval. This serial radiography has taught us that the majority of patients require some form of active therapy in addition to the Sanatorium régime, either to accelerate the healing process or effectively to collapse cavities.

A perusal of the above table shows the amount of special treatment given in the Hospital during the year.

Out-Patient Refill Clinic.

An Out-Patient Refill Clinic is held every Saturday morning; at this Clinic Pneumothorax Patients attend for refills and observation.

At present there are 75 patients on the Out-patient Register. Observation of progress of healing is maintained by regular X-ray and screen examinations. During the year 1,287 attendances were registered for refills and air replacements.

Observation Cases.

Observation cases are doubtful cases of Tuberculosis, referred from the Tuberculosis Dispensary for investigation in Hospital, to establish the nature of the disease. Forty-two such cases were admitted during the year and in 12 cases a diagnosis of Tuberculosis was established.

Convalescent Sanatorium, "Home Place," Holt.

With the present heavy waiting list for admission to the Sanatorium, "Home Place" has relieved the position considerably. Selected cases have been transferred from Groby Road Sanatorium to "Home Place."

The type of cases suitable for treatment at "Home Place" are roughly divided into three groups.

- (a) The case likely to receive permanent healing by prolonged convalescence.
- (b) The case which has become quiescent after special treatment and requires a change of atmosphere before returning to work.
- (c) The case which requires convalescence on the completion of Artificial Pneumothorax during the period the lung is expanding.

Particularly in the first group of patients "Home Place" renders very valuable service. The "rest" part of the treatment is carried out at Groby Road, and the graduated exercise is carried out at "Home Place," in the beautiful surroundings which this Convalescent Home offers.

During the first six months of the year the Home was open for the treatment of men and boys, and the latter six months for women and children.

X-RAY DEPARTMENT.

	In-patients.	Out-patients.	Total.
Chest films	794	1815	2609
Lipiodal examinations (chest)	13	—	13
Films of bones and joints ..	138	200	338
Screen examinations (chest)	612	1269	1881
Staff	10	—	10

In the past three years the work in this Department has enormously increased. During the year about 3,000 X-ray films were taken. The increase in films is due to serial radiography of In-patients and the

increased number of X-rays of contacts referred from the Tuberculosis Officer.

As formerly, we continued to take and interpret all the X-ray films for the Tuberculosis Department; the majority of the Out-patient X-ray films come from this source.

The chest films taken in the past four years (of In-patients and Out-patients) are as follow :—

						In-patients.	Out-patients.
1932	..	..	..	..	..	498	588
1933	..	..	..	..	..	787	798
1934	..	..	..	..	..	832	1070
1935	..	..	..	..	..	807	1815

During the year one half of the X-ray Unit was shock-proofed and a new Potter Bucky Radiographic Couch installed.

Ultra-Violet Light Department.

Carbon Arc and Mercury Vapour Light Baths :						Attendances.	
1.	Surgical Tuberculosis	..	..	..	..	636	
2.	Pulmonary Tuberculosis	..	..	..	..	24	
3.	Staff .. .. .	..	..	..	..	7	
4.	Septic Conditions	..	..	..	..	12	

Laboratory.

Dr. E. M. Ward, Pathologist, was responsible for most of the work in the Laboratory.

Dr. E. M. Ward and the Medical Superintendent continue to hold Home Office Licences for animal experiments.

Report of the Work in the Laboratory of the Leicester Isolation Hospital.

By Dr. E. M. WARD, M.B., B.S. (Lond.)

Swabs for Diphtheria :				Total.	Positive.	Negative.
(a) Practitioners	..	..	..	1335	165	1170
(b) Wards	..	..	..	3122	406	2716
				<hr/>	<hr/>	<hr/>
				4457	571	3886
				<hr/>	<hr/>	<hr/>
Sputum examined for tubercle bacilli :						
(a) Out-patients	..	..	..	287	110	177
(b) In-patients	..	..	..	2234	906	1328
				<hr/>	<hr/>	<hr/>
				2521	1016	1505
				<hr/>	<hr/>	<hr/>

Cerebro Spinal Fluids examined	..	..	..	..	45
Pleural Fluids (general examination)	..	..	..	..	17
Widal Reactions	..	..	..	..	12
Blood Cultures	..	..	..	..	17
Urine General examinations	..	..	..	..	82
Urine for Tubercle Bacilli	..	..	..	..	6
Throat Swabs for Haemolytic Streptococci	..	..	..	..	13
Blood Grouping	..	..	..	..	1
Blood Count	..	..	..	..	37
Blood Platelet Count	..	..	..	..	1
Faeces for Culture	..	..	..	..	6
„ „ Tubercle Bacilli	..	..	..	..	20
„ „ Occult Blood	..	..	..	..	1
Media manufactured in laboratory	..	..	..	..	6400
Sterile Swabs to Health Department	..	..	..	..	1500
Post Mortem examinations	..	..	..	..	40

Typing of Diphtheria Bacilli :

Mitis Type..	..	..	..	Found on 20 occasions
Intermediate Type	..	..	„ „	11 „
Gravis Type	..	..	„ „	1 „
Atypical Type Starch Fermentation negative	..	..	..	5
Atypical Type Starch Fermentation positive	..	..	..	1
Diphtheroid Bacilli	..	..	..	16
				—
Total				54
				—

Examinations done at Groby Road for the City General Hospital :

Widal reactions	..	..	..	..	..	34
Vaccines prepared	..	..	..	..	..	13
Faeces examined for Tubercle Bacilli	..	..	..	..	..	3
						—
Total						50
						—

Examinations done at the City General Hospital for Groby Road :

Blood Uricacid	..	..	..	..	..	1
Blood Urea	..	..	..	..	..	5
Blood Bicarbonate..	..	..	..	..	..	5
Blood Sugars	..	..	..	..	..	2
Urea Clearance Tests	..	..	..	..	..	11
C.S.F. general examinations	..	..	..	..	..	5
Urine general examinations	..	..	..	..	..	2
						—
Total						31
						—

ANIMAL INOCULATIONS.

Specimens from Isolation Hospital :					Total.
Pleural Fluids :	Positive	..	..	2	
	Negative	..	..	22	
				—	24
Virulence in Diphtheria:	Positive	..	..	20	
	Negative	..	..	49	
				—	69
Fluid from Joints :	Positive	..	..	0	
	Negative	..	..	1	
				—	1
Abdomen Fluids :	Positive	..	..	0	
	Negative	..	..	1	
				—	1
Pus :	Positive	..	..	0	
	Negative	..	..	2	
				—	2
Sputum :	Positive	..	..	0	
	Negative	..	..	1	
				—	1
Urine :	Positive	..	..	1	
	Negative	..	..	1	
				—	2

Specimens from Health Department :

Milk : Positive	..	..	..	6	
Negative	..	..	..	152	
24 milk samples were inoculated into two guinea pigs.					
Total number of guinea pig inoculations	..	..			182
Specimens from the City General Hospital	..	..			54
„ „ „ Royal Infirmary	..	..	..		1
Milk Specimens from Cottage Homes	..	..	..		1
					—
					338
					—

I beg to present a report of the work done in the Pathological Laboratory of the Isolation Hospital during the year 1935. During the year this Laboratory has continued to carry out its function as the main bacteriological unit of the Pathological Department, carrying out the bacteriological investigations for this Hospital, General Practitioners, and special work by the City General Hospital.

Diphtheria Swabs.

The total figures of swabs examined for the Diphtheria Bacillus compare favourably with the figures for 1934, the slight fall being dependent upon the decline of the Diphtheria epidemic at the end of the year. Swabs examined for General Practitioners show an

overwhelming preponderance of negative results, indicating that this service is now used mainly as a safeguard and not as a diagnostic test.

As mentioned by the Medical Superintendent in the last Annual Report the type of infecting organism has been identified in a number of cases. Although there have been severe cases of Diphtheria in the Hospital, the type of organism which has been suggested causes the severe cases—the gravis type—has only been found on one occasion. This case was a mild one in an adult woman. On the other hand many severe cases have been associated with the intermediate type of organism, which is comparatively prevalent. The figures are analysed above.

Since it is stated that the type of organism present within a community may suddenly change, this investigation is being continued. The special media used in this investigation is prepared in the Hospital laboratory.

Examination for the Tubercle Bacillus.

The examination of specimen of sputa for the presence of tubercle bacilli comprises a large proportion of the work of the laboratory—a total of 2,621 specimens being examined during the year.

Late in the year the culture of the Tubercle Bacilli in special cases was commenced. It is now possible to grow this bacillus and to obtain a visible growth within one week, and an attempt is being made in the Laboratory to obtain positive results from milk samples submitted for examination by the Sanitary Inspector. Success has not yet been attained.

Animal Experiments.

The examination of milk samples for the presence of Tubercle Bacilli was made in 158 cases during the year 1935. This is an increase. A positive result was obtained 6 times giving a percentage of 3.8 per cent. of milk samples examined infected with Tubercle Bacilli.

In previous years only one guinea pig has been used for each sample of milk, but at the request of the Medical Officer of Health, and in the attempt to make an earlier report possible, the technique used in the Laboratory has been changed during the latter part of the year.

The Centrifuged Deposit from 80 c.c. of milk is now suspended in 10 c.c. of saline, and 2 c.c. of this suspension is injected into the thigh, and 2 c.c. intraperitoneally in each of two guinea pigs. The first animal has been killed in three weeks, and the second in six weeks.

An interim report is therefore possible in half the previous time. Our experience of this technique, although still very limited, appears to show that a local lesion in the thigh, or in the inguinal glands, can be expected in a very high percentage of positive cases in this short time of three weeks.

The number of Virulence Tests for Diphtheria Bacilli shows an increase on the previous year's figures.

One series of animal experiments carried out during the year revealed the presence in Leicester of a disease—Spirochaetal Jaundice—the importance of which has only recently been realised. As far as is known this is the first case in Leicester. The patient was treated at the City General Hospital and made a complete recovery. The Laboratory undertakes the examination of material by animal experimentation for the Royal Infirmary on request.

General Clinical Pathology.

A general rise in the number of clinical pathological investigations is shown by the figures, this being dependent upon more time being available for Laboratory work. Included in this group of investigations are a series of swabs taken by the Maternity and Child Welfare Officer from contacts of Puerperal Sepsis. These swabs are taken in an endeavour to trace the source of infection, and in order to ascertain whether it is safe for the Midwife to continue her occupation.

The Health Department has for a considerable time examined swabs from suspected cases of Diphtheria for the presence of Diphtheria Bacilli. These swabs are taken by the General Practitioner, and examined at the Isolation Hospital. The Widal Reaction on blood samples has been performed to exclude or diagnose the presence of Typhoid Fever and doctors have been able to send specimens of Sputa to the Tuberculosis Department for examination.

Since the appointment of a Pathologist on April 1st, 1935, the number of investigations for which a practitioner can ask has been greatly increased. Any clinical pathological, haematological or bacteriological investigation will now be carried out—the patient being charged a fee, if his circumstances are such that he can afford it. All fees are collected by the City Treasurer's Department direct.

During the year a total of over 13,000 investigations have been performed in the Laboratories of the City Isolation Hospital and the City General Hospital.

In the foregoing table an analysis of the figures of the Laboratory

of the Isolation Hospital will be found ; the figures of the City General Hospital will be found at the end of the report of the Medical Superintendent of that Hospital.

E. M. WARD.

STAFF.

On April 1st Dr. E. M. Ward, the Senior Resident Medical Officer, was appointed Pathologist to the Health Department, and Dr. L. Anderson was appointed Assistant Resident Medical Officer.

On July 7th Dr. A. L. F. Thomson was appointed Resident Medical Officer in place of Dr. Lawrence (resigned).

In September Dr. W. W. Wildman was appointed Resident Medical Officer in place of Dr. Crowe (resigned).

Miss B. F. Robertson was appointed Home Sister and Sister Tutor on 12th August, 1935, in place of Miss G. M. Hardy (resigned).

Staff Illness.

Tonsillitis ..	..	..	..	..	..	..	..	23
Mumps ..	..	..	..	..	..	..	..	3
Influenza ..	..	..	..	..	..	..	..	4
Rubella ..	..	..	..	..	..	..	..	4
Measles ..	..	..	..	..	..	..	..	1
Minor Sepsis ..	..	..	..	..	..	..	..	3
Neurasthenia ..	..	..	..	..	..	..	..	1
Injuries ..	..	..	..	..	..	..	..	2
Laryngitis ..	..	..	..	..	..	..	..	1
Pleurisy ..	..	..	..	..	..	..	..	1
Observation ..	..	..	..	..	..	..	..	4

Immunisation of Nursing Staff against Diphtheria.

The Schick test was performed on 33 nurses—11 nurses had a positive reaction, and they were all actively immunised against Diphtheria.

BUILDING AND EQUIPMENT.

On 3rd June, 1935, building operations commenced on the New Nurses' Home. The temporary bedroom accommodation in the wooden huts was cleared from the site of the new Home. Temporary accommodation was found for the displaced Nurses in New Parks House. This house will be utilised as a temporary Nurses' Home until the new Home is ready.

Instrument sterilisers were installed in four wards and crock sterilisers in two wards. A new calorifier was installed in the boilerhouse, replacing the former one which had become faulty. Two steam fittings for the treatment of Laryngeal Diphtheria were installed in the Diphtheria Ward.

A complete new system of automatic telephones was installed throughout the Hospital. In the latter part of the year the new telephone system has been in operation and the working efficiency of the Hospital has been very much increased with this modern improvement.

During the year the boilerhouse, laboratory and lodge were painted.

ORTHOPAEDIC DEPARTMENT.

For some years Orthopaedic Splints were made in this Hospital, and in 1933 a unit was established for the construction of all appliances for the Orthopaedic Department. During the year, this Splint Department was transferred to the City General Hospital, where the greater part of the Orthopaedic work is now carried on.

GROUNDS.

Throughout the year the grounds continued their high standard of floral decoration and utility, giving much pleasure to both the patients and the Staff. A large quantity of vegetables have also been grown for the use of the Hospital.

J. C. H. MACKENZIE.

ISOLATION HOSPITAL AND SANATORIUM. TABLE A.
Number of Patients Admitted, Discharged and Died during 1935.

DISEASE.	Remaining 31st December, 1934 (As diagnosed on admission)	Admitted during Year. (As diagnosed on admission)	Discharged during Year.	Died during Year.	Remaining 31st December, 1935 (As diagnosed on admission)
Scarlet Fever ..	106	1008	1073	—	41
Diphtheria ..	81	447	450	8	70
Enteric Fever ..	—	9	9	—	—
Measles ..	—	56	53	3	—
Erysipelas ..	—	23	19	2	2
Cerebro-Spinal Fever ..	—	11	6	5	—
Puerperal Fever ..	—	20	16	1	3
Other Diseases ..	3	159	141	16	5
Smallpox ..	—	—	—	—	—
Smallpox Contacts ..	—	—	—	—	—
Tuberculosis :—					
Observation Cases ..	1	36	36	—	1
Adults ..	80	199	138	29	112
Surgical ..	26	59	62	—	23
Children ..	4	20	23	1	—
Discharged Soldiers ..	—	2	1	1	—
	—111	—316	—260	—31	—136
Total ..	301	2049	2027	66	257

ISOLATION HOSPITAL AND SANATORIUM.

TABLE B.

Patient Days during 1935-1936.

	For 12 months ending Dec. 31st, 1935.	For 12 months ending March 31st, 1936.
Smallpox	—	—
Smallpox Contacts	—	—
Scarlet Fever	21428	17443
Diphtheria	20931	18548
Enteric Fever	367	319
Cerebro-Spinal Meningitis	385	481
Puerperal Fever	735	1377
Measles	717	540
Whooping Cough	352	597
Erysipelas	269	430
Poliomyelitis	560	560
Other Diseases	1912	2233
Tuberculosis :—		
Adults	37874	39312
Discharged Soldiers	227	227
Children	—	—
Surgical Cases	9802	9854
Observation Cases	1645	1726
	97204	93647

SUMMARY.

Infectious Diseases	47656	42528
Tuberculosis	49548	51119
Total	97204	93647

TABLE 19.

Showing the number of Cases notified of the principal Notifiable Diseases for the
Fourteen Years, 1922-1935.

DISEASE.	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935
Smallpox ..	0	0	5	72	0	6	90	320	1192	1353	183	0	0	0
Scarlet Fever ..	619	576	335	774	477	620	1971	517	423	404	463	432	1401	1405
Diphtheria ..	168	142	429	350	366	309	461	253	198	115	76	338	463	424
Enteric Fever..	9	6	5	4	3	3	6	2	5	3	1	1	4	13
Erysipelas ..	101	87	96	126	110	132	141	158	99	108	90	150	182	161
Puerperal Fever ..	12	7	11	7	22	9	10	11	12	8	13	9	13	12
Puerperal Pyrexia ..	..	..	..	..	21	34	45	25	50	32	48	52	38	52
Phthisis ..	566	692	725	606	650	700	668	657	582	511	442	438	332	460
Other Forms of Tubercle ..	43	71	65	77	77	80	117	77	66	61	69	74	71	100
Ophthalmia ..	66	53	28	37	36	38	24	35	32	14	20	18	24	21
Cerebro-Spinal Fever ..	0	3	2	2	4	4	4	8	11	16	13	6	5	10
Poliomyelitis ..	1	1	12	..	81	8	8	4	3	..	2	4	1	13
Measles ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Encephalitis Lethargica ..	6	12	22	26	14	9	7	4	3	7	2	30	2	1
Pneumonia ..	177	209	247	239	143	236	239	364	202	216	236	47	259	239
Chickenpox ..	..	..	..	639	..	..	..	..	..	..	..	..	..	..
Totals ..	1768	1859	1982	2959	2004	2188	3791	2435	2878	2848	1658	1869	2795	2911

(Notification discontinued.)

Report on the City General Hospital, Leicester, for the year 1935

By

ERNEST C. HADLEY, M.D., B.S.(Lond.), F.R.C.S.(Ed.)
Medical Superintendent, General Surgeon, Lecturer and
Internal Examiner to Nurses.

With foreword by the Medical Officer of Health.

COMMENT BY THE MEDICAL OFFICER OF HEALTH.

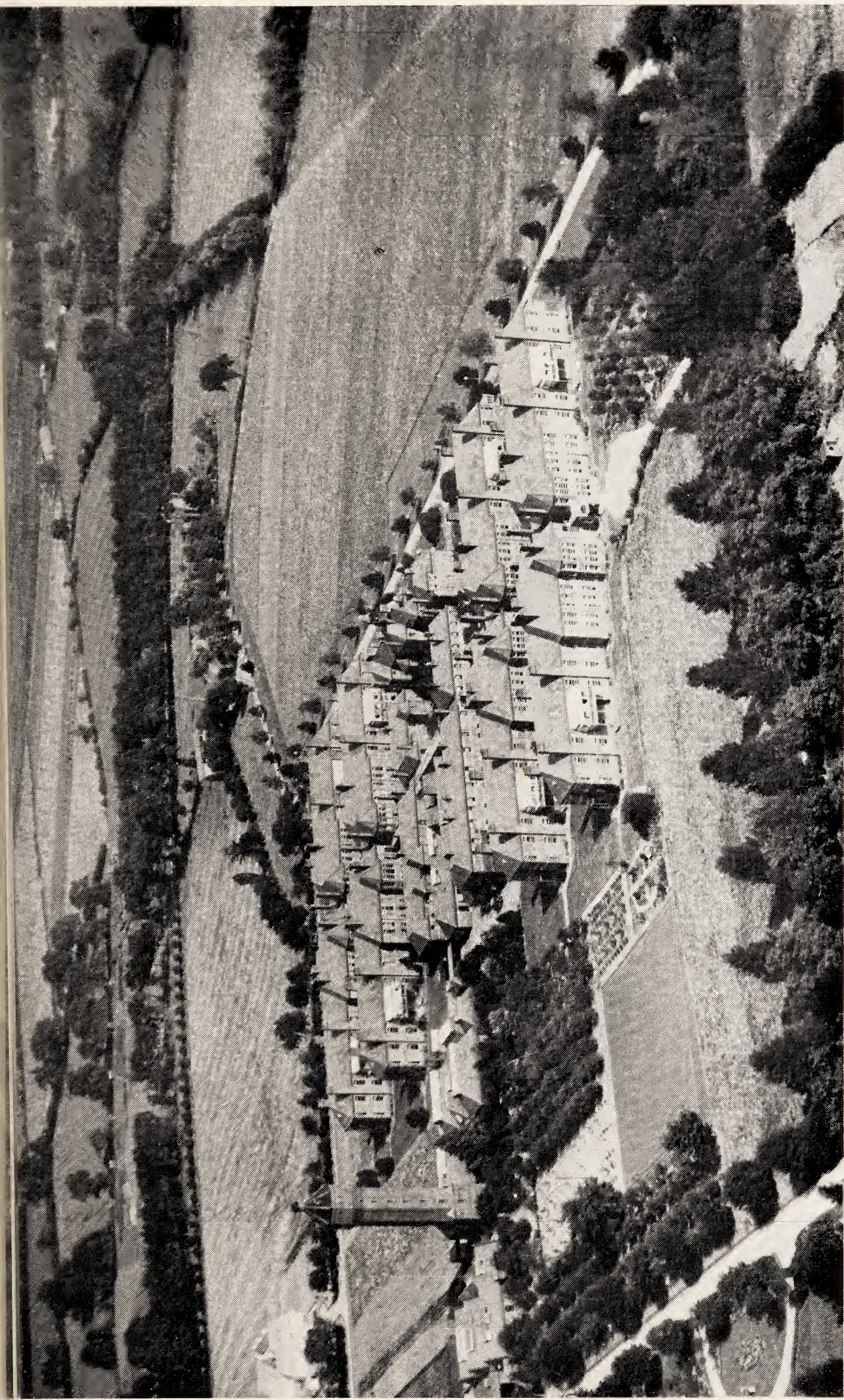
The appropriation of this hospital in 1930 brought under the control of the Health Committee a most valuable institution, and a means not only of curing disease but of preventing it.

It is impossible to overestimate the importance of this hospital to the people of Leicester.

Situated as it is in the most delightful surroundings, and the buildings being so eminently suitable for their purpose, the hospital, with the modernisation to which the Health Committee has devoted itself, is fast becoming one of the foremost Public Health Hospitals in the country.

The work of the year under review has been carried out with sympathy and efficiency. In Dr. Hadley's report full details are given, but figures cannot indicate one tithe of the alleviation of pain and suffering that the devoted work of the medical and nursing staff has achieved.

Schemes for the provision of a chronic hospital block, a new nurses' home, an improved operating theatre suite, new X-ray department, improved mortuary and pathological department, are all receiving the attention of the Committee.



AERIAL VIEW OF CITY GENERAL HOSPITAL, LEICESTER.

Report on the City General Hospital Leicester, for the year 1934-5

By

ERNEST C. HADLEY, M.D., B.S. (Lond.), F.R.C.S.E., etc.

Medical Superintendent, General Surgeon, Lecturer and
Internal Examiner to Nurses.

This Hospital, which was opened for the reception of patients on September 29th, 1905, was "appropriated" by the Health Committee of the Leicester City Council under the Public Health Acts, 1875 to 1926, as extended by Section 14 (2) of the Local Government Act, 1929, on April 1st, 1930, from which date the hospital was re-named the "City General Hospital."

The area served by the Institution is :—

City of Leicester. Population—estimated 1935—261,000.

County of Leicester. To a limited extent, viz., County Public Assistance, and County Orthopædic and Surgical Tuberculosis cases.

The mode of admission and conditions of eligibility for treatment were altered from the date of appropriation, suitable cases being accepted at the discretion of the Medical Superintendent, on the recommendation of the patient's own doctor, a condition of admission being that the patient is normally resident within the City of Leicester ; it should be noted, however, that arrangements have been made with the County Authorities by which cases from the County can be treated, provided that the Medical Officer of Health for the County, or the Public Assistance Officer of the County, authorise and recommend such patients for treatment.

It should be noted also that, by arrangement with the Saturday Hospital Society and City General Hospital Committees, Saturday Hospital Fund Contributors resident in the City are eligible for admission as patients to this Hospital without any financial call being made upon them.

Medical Practitioners of the City have for some time now been notified that Acute General Medical, General Surgical, Orthopaedic

and Surgical Tuberculosis, and also Maternity cases, are eligible for admission as In-patients. Phthisical Cases should be referred to the Tuberculosis Medical Officer, and Infectious Cases to the Medical Superintendent of the City Isolation Hospital, in the first instance. Full details as to how to deal with special cases can be found on the back of the Recommendation Forms, which are in use amongst all Medical Practitioners in the City, and a supply of which can be obtained from the Secretary of the City Health Department, Grey Friars.

As routine every Doctor recommending a patient for admission is written to on the discharge or death of the patient and given a Private and Confidential Report in the form of brief clinical notes, and any features of special interest, copies of X-Ray and Pathological Reports, or Post Mortem Findings, etc. This procedure, from letters received, appears to be greatly appreciated by many of the Medical Practitioners in the City, and so will be continued.

The General Features of the Hospital have been dealt with in detail in previous reports. The following is a brief survey of the structural additions and alterations which have been carried out during the past year.

Laundry. Installation of new plant, and modernising and reconditioning of existing equipment continues.

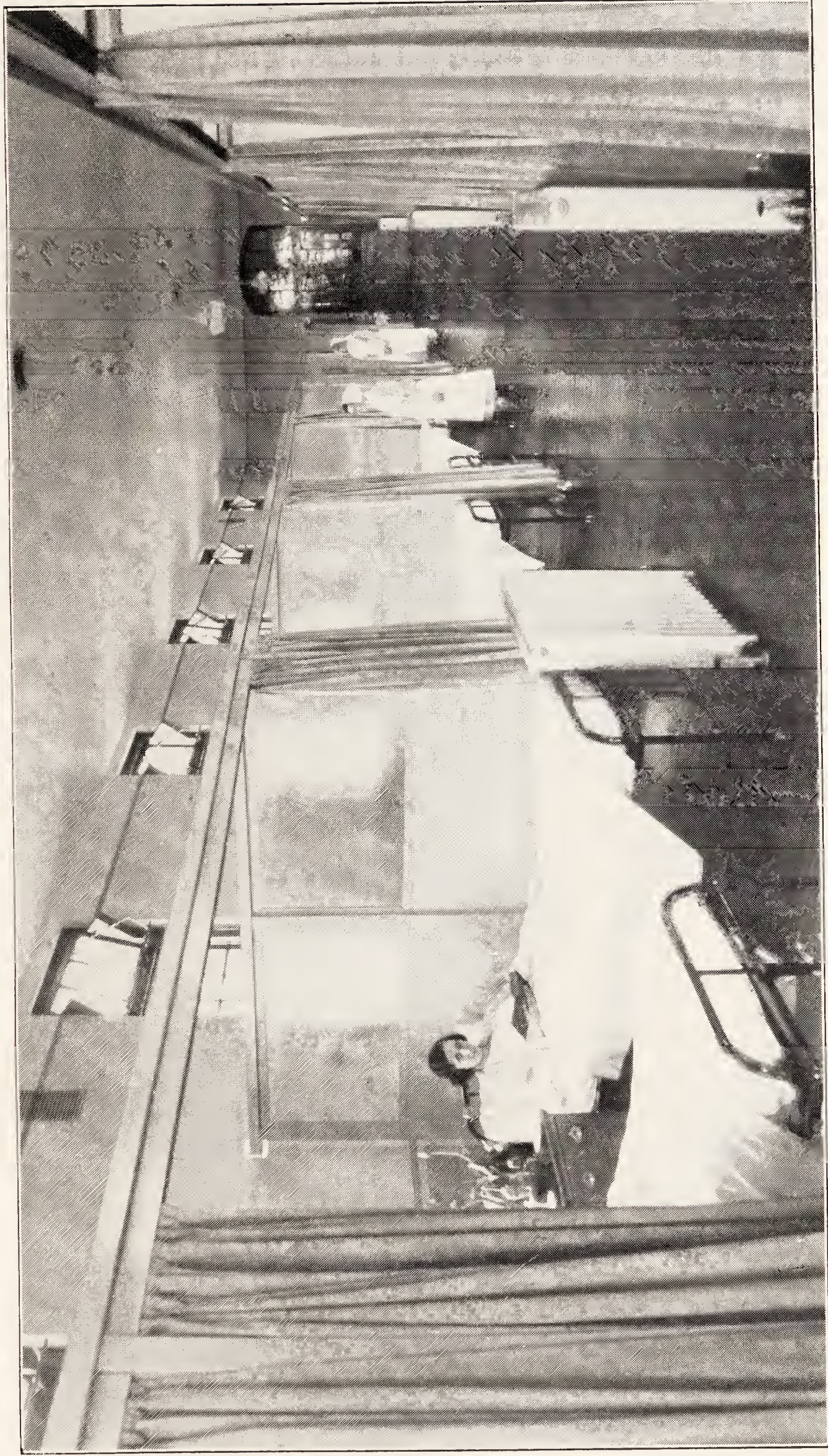
Balcony Beds have now been added to eight wards on the front of the Hospital, providing eighteen extra beds to each of the four ground floor wards and six extra beds to each of the four first floor wards.

The Children's Ward has now been completely re-equipped and re-designed on modern lines especially suitable for the treatment of infants and children, verandahs have been provided round two sides of this ward in such a way that patients can be placed under shelter during bad or unfavourable weather or left completely out in the open air.

Gynaecological Ward, Ward 15, has been divided up into cubicles in a novel manner, with half-glazed partitions and curtains. The object is to give patients greater privacy: this has been already greatly appreciated by the patients and has not, as might have been expected, inconvenienced the Nursing Staff in any way—in fact, they speak very favourably of the experiment. (See photograph opposite).

City General Hospital Council School.

All children who remain in Hospital for long periods continue to receive educational instruction in the City General Hospital Council School. Three teachers are employed on the various wards. The



GYNÆCOLOGICAL WARD AT CITY GENERAL HOSPITAL.

Rheumatic and Heart Wards are included amongst those wards recently supplied with open-air balconies, and the children on these wards derive much benefit from this addition.

Maternity Department.

The work of this department continues to increase. The eight beds provided are continuously occupied, and we frequently have to provide for the surplus on other Wards of the Hospital. I feel that the time is rapidly approaching when the possibility of a new and larger department will have to be considered, as more accommodation for this type of case is definitely justified.

Nursing Staff.

It was mentioned in last year's report that the Committee were hoping to be able to provide additional facilities for a larger supply of nurses, that is, additional accommodation for the necessary Nursing and Domestic Staff to make shorter working hours possible. During the year under report temporary accommodation has been provided and the Night Nurses are now all being housed in a temporary Nurses' Home at University Road. Although this arrangement is, of course, only temporary, it has worked very well and has eased the situation considerably. It is hoped soon to submit more permanent plans for providing accommodation in the Hospital grounds for sufficient extra nurses and maids to work a 48-hour week.

Voluntary Work.

The work of the V.A.D.'s who help out with the ward work at week-ends has been very much appreciated, and especially the work of Mrs. York, who has given much time and thought to a newly-formed library, which has been greatly appreciated by the patients.

I. Medical Staff.

- (a) *Resident* : 1 Medical Superintendent and General Surgeon.
 - 1 Deputy Medical Superintendent.
 - 3 Resident Medical Officers.
- (b) *Visiting* : 1 Orthopaedic Surgeon.
 - 1 Visiting Pathologist.
 - 1 „ Radiologist.
 - 2 „ Physicians.
 - 2 „ Anaesthetists.
 - 1 „ V.D. Specialist.
 - 1 „ Skin Specialist.
 - 1 „ Eye Specialist.
 - 1 „ Aural Specialist.
 - 1 Radiographer, Non-Resident.

II. Resident Nursing Staff.

- (a)
- 1 Matron.
 - 1 1st Assistant Matron and Home Sister.
 - 1 2nd Assistant Matron and Home Sister
 - 1 3rd Assistant Matron and Sister Tutor.
 - 1 Night Superintendent.
 - 1 Assistant Night Superintendent.
 - 1 Theatre Sister.
 - 1 Maternity Sister.
 - 14 Ward Sisters.
 - 77 Probationer Nurses.
 - 12 Staff Nurses.

N.B.—Probationer Nurses are in training for four years, during which time they are expected to pass the Preliminary and Final State Examinations, and also that of the Central Midwives Board. The remainder of the Resident Nursing Staff are all fully qualified Registered Nurses and hold the C.M.B. Certificate.

(b) Non-Resident Nursing Staff.

- 1 Head Orthopaedic Sister.
- 2 Orthopaedic Ward Sisters.
- 7 Male Nurses.

III. Resident Domestic Staff.

- 2 Lodge Porters.
- 1 Cook.
- 1 Assistant Cook.
- 15 Maids.

IV. Other Non-Resident Staff.

- 1 Head Laundress.
- 2 Masseuses.
- 3 Teachers for City General Hospital Council School.
- 2 Laboratory Assistants.
- 2 Barbers.

Total Resident Staff.

135

Visiting Staff.

Attendances during the year of the Visiting Staff :—

2 Visiting Physicians	..	..	..	..	..	52
						48
						— 100
2 Visiting Anaesthetists	..	..	..	..	..	49
						59
						— 108
1 Consultant Venereal Diseases Specialist	..	..				10
1 „ Eye Specialist	..	..	..	..		3
1 „ Ear, Nose and Throat Specialist	..	..				9
1 „ Skin Specialist	..	..	..	..		12
1 „ Radiologist	..	..	..	..	..	47

Specialised Services supplied by the Hospital :—

1. Orthopaedic.
2. Massage and Ultra-Violet Light Treatment.
3. X-Ray.
4. Ante-natal.
5. Maternity.
6. Venereal Disease.
7. Anaesthetists.
8. Rheumatism, Chorea and Heart Cases.
9. City General Hospital Council School.
10. Gynaecologic.

Accommodation provided by the Hospital :—

	Excluding Balcony Beds (which are not recognised as Permanent Accom- modation).	Including Balcony Beds.
(a) For Men ..	190	220
(b) For Women ..	223	271
(c) For Children ..	96	138
Total ..	509	629

Classification of Accommodation showing, also, number of beds occupied on December 31st, 1935, i.e., approximate average number of beds occupied on various Wards.

Classification of Wards.	No. of Wards Assigned.	BEDS.							
		Men.		Women.		Children.		Total.	
		Provided.	Occupied.	Prov.	Occ.	Prov.	Occ.	Prov.	Occ.
1. Medical ..	4½	54	32	69	31	—	8	123	71
2. Surgical ..	2	32	18	28	16	—	3	60	37
3. Chronic Sick	2	31	23	31	23	—	—	62	46
4. Children ..	1	—	—	—	—	32	37	32	37
5. Venereal ..	Part of Med.Wds.	10	1	10	2	—	—	20	3
6. Tuberculosis	1½	32	17	14	25	—	—	46	42
7. Isolation ..	—	—	—	—	—	—	—	—	—
8. Maternity ..	2	—	—	8	7	—	—	8	7
9. Mental ..	—	—	—	—	—	—	—	—	—
10. Orthopædic ..	2	31	16	31	8	—	33	62	57
11. Rheumatic and Heart ..	2	—	—	—	—	64	55	64	55
12. Gynaecological	1	—	—	32	21	—	5	32	26
Total ..	18	190	107	223	133	96	141	509	381

N.B. This return corresponds with that submitted to the Ministry of Health, and hence excludes babies in cots at Maternity Wards, which were actually 7, making the total number of patients in Hospital on December 31st, 1935 388.

GENERAL STATISTICS.

	1934	1935
Admissions	2878	2801
Discharges	2286	2289
Deaths	562	577
Deaths within 7 days of admission ..	235	236
Number of Patient Days	154,772	150,380
Average duration of residence (in days) ..	54.3	52.459
Average number of beds occupied ..	424.032	423.730
Highest—On 14/3/34	469	—
On 7/2/35	—	477
Lowest—On 21/5/34	315	—
On 8/9/35	—	359
Post-mortem Examinations held ..	163	194
Inquests held	28	22
Operations performed	223	351
X-Ray films exposed	3397	3175
Total confinements	205	231
Laboratory figures—		
Pathological investigations	2850	5011
Wasserman blood tests	626	866

SUMMARY OF YEARLY RETURN OF CASES.

	Remaining on 31/12/34	Admitted	Discharged	Died	Remaining on 31/12/35
Men	151	829	593	280	107
Women	151	1114	930	203	132
Children (under 16 years) ..	152	858	766	95	149
Totals	454	2801	2289	578	388

Actual deaths occurring at Hospital, 577—as stated in Ministry of Health Returns. The one additional case recorded here was dead on admission.

Transfers from Other Institutions and Cases sent in by other Local Authorities.

Leicester Royal Infirmary	66
Grobby Road Hospital	22
Westcotes Maternity Home	2
School Medical Service	10
County Health Department)	
County Public Assistance)	48

Saturday Hospital Society.

707 patients in 1934 at £707 0s. 0d.

Payment for patients at C.G.H. during 1935, £717 ls. 9d.

OPERATION TABLE.

GENERAL SURGERY CLASSIFIED.

Class of Case.	Operation under G.A.	No. Performed.
I. General Diseases.	Empyema :—Rib resection	7
	Exploration of Chest	6
	Haemorrhoids	3
	Osteomyelitis :—Incisions, drainage and dressings under G.A. ..	28
II. Digestive System	Appendicectomy	11
	Gastro-jejunostomy	2
	Laparotomy	7
	Drainage of Abdomen	2
III. Hernia	Radical Cure	9
IV. Urino-Genital	Drainage of Bladder	1
	Incision of Peri-Nephric Abscess ..	2
	Circumcision	4
	Removal of Tb. Testicle	1
	Sigmoidoscopy under G.A. ..	1
	Removal of Fistula in Ano	1
V. Gynaecological	Amputation of Breast	1
	Dilatation, Curettage and Examination (Gynaecological under G.A.) ..	56
	Fixation of Uterus	1
	Manchester Operation for Prolapsus	1
VI. Diseases of Ear, Nose and Throat	Extraction of Teeth	15
	Mastoidectomy	5
	T. and A.	7
VII. Injuries	Fractures, Reduction and Plaster ..	4
VIII. Miscellaneous	Amputation of Leg	4
	Amputation wounds dressed under G.A.	3
	Excision of Prepatellar Bursa ..	1
	Incision of Leg	4
	Incision of Abscesses, Carbuncles and Glands, &c.	24
	Removal of Toe Nail	1
	Treatment of Burns under G.A. ..	2
GRAND TOTAL		214

ANALYSIS OF ANAESTHETICS USED FOR OPERATIONS.

Orthopaedic Surgery : Operations performed	..	..	137
General Surgery :	"	"	214
			—
			351
			—

Anaesthetic used.								Number.
Chloroform	..	..	..	..	..	..	..	31
Open Ether	..	..	..	..	..	..	..	3
Gas and Oxygen		..	..	..	..	..	..	25
Ethyl Chloride	..	..	..	..	..	..	..	17
Evipan	..	..	..	..	..	..	..	45
Chloroform with Ether	..	..	..	..	..	..	..	11
Chloroform with Evipan	..	..	..	..	..	..	..	1
Chloroform with Ether and Oxygen	..	..	..	..	..	..	..	13
Gas and Oxygen and Ether	..	..	..	..	..	..	..	76
Gas and Oxygen and Evipan	..	..	..	..	..	..	..	1
Ethyl Chloride and Gas and Oxygen	..	..	..	..	..	..	..	20
Ethyl Chloride and Ether	..	..	..	..	..	..	..	105
Ethyl Chloride, Gas and Oxygen and Ether	..	..	..	..	..	..	..	1
Spinals	..	..	..	..	..	..	..	2
								—
Total	..	..	..	..	..	..	..	351
								—

TUBERCULOSIS REPORT.

Number of Beds available for the treatment of Tuberculosis.

For Pulmonary Cases	..	..	..	46 Adults
For Non-Pulmonary Cases	..	..	..	31 Adults
				31 Children

Total .. 108

Return showing the Extent of Residential Treatment during the Year.

	Re- maining 1.1.35	Ad- mitted during year	Dis- charged	Died	Re- maining 31.12.35
Number of Patients suffer- ing from Pulmonary Tuberculosis :—					
Men	35	74	53	39	17
Women	19	69	42	21	25
Children	1	1	1	1	—
Total	55	144	96	61	42
Number of Patients suffer- ing from Non-Pulmonary Tuberculosis :—					
Men	10	35	30	4	11
Women	10	17	17	3	7
Children	26	38	40	7	17
Total	46	90	87	14	35
GRAND TOTAL ..	101	234	183	75	77

Summary of Tuberculous Cases discharged and died—showing those cases also whose period of Residential Treatment was under 28 days.

	Discharged				Died		
	Length of Stay	Male	Female	Children	Male	Female	Children
Pulmonary Tuberculosis	Over 28 days ..	45	39	—	24	12	1
	Under 28 days	8	3	1	15	9	—
	Total	53	42	1	39	21	1
Non-Pulmonary Tuberculosis	Over 28 days ..	24	13	29	3	2	3
	Under 28 days	6	4	11	1	1	4
	Total	30	17	40	4	3	7

TUBERCULOSIS RETURN FOR 1935.

Condition at time of discharge			Duration of Residential Treatment in Institution.															TOTALS.			GRAND TOTALS.
			* Under 28 days.			28 days-3 months.			3-6 months.			6-12 months.			Over 12 months.						
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	T.B.—	Quiescent	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	
		Non-Quies.	3	3	1	1	1	—	—	1	—	—	—	—	—	—	4	5	1	10	
		Died in Inst.	2	—	—	2	—	—	—	—	—	—	—	—	—	1	4	—	1	5	
	T.B.+I.	Quiescent	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	1	
		Non-Quies.	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	1	
		Died in Inst.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	T.B.+II.	Quiescent	—	—	—	—	—	—	2	3	—	2	1	—	—	—	4	4	—	8	
		Non-Quies.	2	—	—	8	6	—	8	5	—	6	3	—	—	—	24	14	—	38	
		Died in Inst.	1	—	—	1	—	—	—	—	—	—	—	—	—	—	2	—	—	2	
	T.B.+III.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
		Non-Quies.	3	—	—	7	6	—	4	9	—	4	2	—	2	—	20	17	—	37	
		Died in Inst.	12	9	—	7	4	—	8	7	—	5	1	—	1	—	33	21	—	54	
	Total of Pulmonary ..			23	13	—	26	18	—	22	25	—	18	8	—	3	—	1	92	63	2	157
NON-PULMONARY TUBERCULOSIS	Bones and Joints.	Quiescent	3	1	11	1	3	3	4	1	2	1	2	3	—	1	8	9	8	27	44
		Non-Quies.	2	2	—	4	2	3	4	—	3	4	—	1	1	1	4	15	5	11	31
		Died in Inst.	—	1	—	—	1	—	—	—	1	2	—	1	—	—	2	2	2	6	
	Abdominal.	Quiescent	—	—	—	2	1	1	—	—	—	—	—	—	—	—	1	2	1	2	5
		Non-Quies.	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1
		Died in Inst.	—	—	—	1	1	—	—	—	—	—	—	—	—	—	1	1	—	—	2
	Other Organs.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-Quies.	1	1	—	2	—	—	—	—	—	1	1	—	—	—	4	2	—	—	6
		Died in Inst.	1	—	4	—	—	—	—	—	1	—	—	—	—	—	1	—	5	—	6
	Peripheral Glands.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Non-Quies.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Inst.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Total of Non-Pulmonary ..			7	5	15	10	8	7	8	1	7	8	4	5	1	2	13	34	20	47	101

* Figures in this column have been excluded from Ministry of Health Returns, but are given here for comparison.

LABORATORY REPORT FOR 1935.

In the Laboratory at the City General Hospital is carried out the clinical pathology for the Hospital, together with the Biochemistry for this Hospital and for the City Isolation Hospital. This is in accordance with the original proposals and saves the duplication of apparatus in the two Laboratories.

There has been an all-round increase in the amount of work done, as evidenced by the total number of pathological investigations carried out during 1935—5,011, as compared with 2,850 for the previous year, 1934.

The increase is divided approximately equally between the subdivisions: Haematology, Clinical Pathology and Biochemistry. The Laboratory at the City General Hospital is equipped for all the more common investigations likely to be of assistance to the Clinicians. Any further increase of scope is precluded by the room at our disposal. The storage of apparatus and re-agents, etc., is a matter of increasing difficulty, for example, although it will be noted that this year we have sub-divided the Biochemical work under 15 headings, as compared with six for the previous year, we have now reached our absolute limit. The Laboratory is not supplied with a fume cupboard, owing to lack of space, consequently investigations likely to cause fumes or offensive odours are not performed. A special Laboratory for Biochemistry is really required.

It was originally decided that the Pathologist should attend the City General Hospital for work on four afternoons a week. This was the arrangement until April 1st. Since then the attendances have been altered to six mornings a week, instead of afternoons, and it is sometimes necessary to allow for a short session for urgent work on Sunday mornings. The other staff is comprised of a full-time technician who, in addition to the general work, is wholly responsible for the preparation of material for Biochemical examination; and a full-time laboratory boy, who attends the Technical College for further instruction in the evenings.

The number of Post Mortem examinations made was 194, as compared with 163 in 1934, and 78 in 1933.

The Wassermann Reactions are carried out for the Hospital at the Laboratories of the Leicester Royal Infirmary, together with the Pathological work of the V.D. Clinics for the City.

Investigations required for the Westcotes Maternity Home are carried out either at the City Isolation Hospital, Groby Road, or at the City General Hospital, whichever is the more convenient.

The Investigations classified under "Biochemistry" have been included (for statistical purposes) in the general examinations and investigations, and are therefore also included in the total of Pathological investigations. They are, however, extracted for interest and are given here in a separate group :—

BIOCHEMISTRY.

Blood Sugar Tolerance Curve	46
„ „ (Single Estimation)	100
„ Bicarbonate	23
„ Calcium	2
„ Diastase	3
„ Cholesterol	3
„ Creatinine	1
„ Phosphorus	1
„ Uric Acid	4
„ Urea	208
„ Urea Clearance	40
„ Complement Titration	7
„ for Van Den Bergh Test	25
„ „ Icterus Index	2

LABORATORY REPORT.

Statistics.

Blood Count (Complete)	500
„ „ (White)	80
„ „ (Red)	23
Reticulocyte Count	23
Blood Grouping	9
„ Coagulation and Bleeding Time	2
„ Sugar Tolerance Curve	46
„ „ (Single Estimation)	100
„ Bicarbonate	23
„ Calcium	2
„ Diastase	3
„ Cholesterol	3
„ Creatinine	1
„ Phosphorus	1
„ Uric Acid	4
„ Urea	208
„ „ Clearance	40
„ Cultures	42
„ Complement Titration	7
„ Sedimentation	794
„ for Van Den Bergh Test	25
„ „ Icterus Index	2
„ Proteins	1

Throat Swabs for K.L.B. (some Aural and Nasal)	..	..	487
Throat Swabs for Haem. Streps., etc.	..	..	39
Cerebro-Spinal Fluid (complete)	..	..	113
Pus, Pleural Fluids, etc., for Culture	..	..	132
Smears for G.C., etc.	..	..	124
Sputum for Organisms, Cells, etc.	..	..	127
„ „ T.B.	..	..	1136
Faeces for Culture	..	..	49
„ „ T.B.	..	..	5
„ „ Occult Blood and Parasites	..	..	37
Fractional Test Meal	..	..	77
Urine for Micro. and Culture	..	..	351
„ „ „ „ Chemical Examination	..	..	48
„ „ T.B.	..	..	39
„ „ Bence Jones Proteose	..	..	7
„ „ Chloride Estimation	..	..	78
„ „ Urea Concentration	..	..	31
Hair for Ringworm	..	..	35
Mantoux Reaction	..	..	9
Vaccines prepared	..	..	5
Microtome Sections	..	..	130
Miscellaneous Examinations	..	..	13
Total			5,011

EXAMINATIONS OTHER THAN FOR CITY GENERAL HOSPITAL.

Isolation Hospital :—

Blood Bicarbonate..	..	..	..	..	..	..	5
„ Calcium	..	..	..	..	..	..	1
„ Sugar	..	..	..	..	..	..	2
„ Urea	..	..	..	..	..	..	5
„ Urea Clearance	..	..	..	..	..	..	11
„ Uric Acid	..	..	..	..	..	..	1
Urine Micro. and Culture	..	..	..	..	..	..	2
Cerebro-Spinal Fluid	..	..	..	..	..	..	5
Pleural Fluid	..	..	..	..	..	..	1
Microtome Sections	..	..	..	..	..	..	17
							50

Westcotes Maternity Home :—

Blood Count	..	..	..	..	..	..	1
Urine	..	..	..	..	..	..	5
Blood Urea Clearance	..	..	..	..	..	..	1
							7

Various :—

Blood Count (Complete)	1
„ „ (White)	1
„ Sugar	1
„ Urea	1
Pleural Fluid	1
Smears for G.C.	1
	<hr/>
	6
	<hr/>

OUTSIDE EXAMINATIONS FOR C.G.H.

Royal Infirmary :—

Wassermann Reactions	866
G.C. Complement Fixation Tests	19
Kahn Reactions	5
Widal Reaction	1
Faeces for Fats	2
	<hr/>
	893
	<hr/>

Isolation Hospital :—

Widals	34
G.P. Inoculations for T.B.	23
„ „ „ Virulent K.L.B.	22
„ „ „ Spirochaetal Jaundice	7
Vaccines prepared	13
Faeces for T.B., etc.	4
Anaphylaxis	1
	<hr/>
	104
	<hr/>

Edinburgh University (Pregnancy Diagnosis Laboratory) :—

Ascheim Zondek Reactions	8
	<hr/>

MATERNITY DEPARTMENT.

Number of Maternity Beds provided	8
„ „ Maternity Cases admitted during year	231
Average duration of stay (in days)	13
Number of cases delivered by Midwives	220
„ „ „ „ „ Doctors	11
„ „ „ notified as Puerperal Fever	4
„ „ „ „ „ Puerperal Pyrexia	5
„ „ „ „ „ Ophthalmia Neonatorum	1
„ „ Maternal Deaths (5 of which were confined here)	9
„ „ Infant Deaths in children born in this Hospital	18
„ „ Stillbirths	17
Percentage of Stillbirths per Live Birth	7.35 per cent.
Transfers from Westcotes Maternity Home—Mother	1
„ „ Infant	1

Maternal Deaths.

1. Confined here : Stillbirth : Pulmonary Infarction and Thrombosed Pelvic Veins. Primipara, aet. 25. Forceps delivery. Died 16 days after delivery.

2. Para. 1, aet. 23. General Septicaemia following Inevitable Abortion. Died 46 days after admission to Hospital.

3. Primipara, aet. 26. Forceps Delivery : Live Birth. Child died 1 day later. Mother died from General Peritonitis following Ruptured Ovarian Abscess 2 days after delivery.

4. Para. 2, aet. 35. Sent in as "Puerperal Pyrexia." Confined outside 4 days prior to admission. Developed Puerperal Septicaemia and died 22 days after admission.

5. Para. 3, aet. 30. Ac. on Chronic Nephritis : Hyperpiesis. Confined 5 days after admission. Live Baby—2 lbs. in weight only : 7/12 Premature : survived only a few hours. Mother died 12 hours after delivery. At autopsy : Pontine Haemorrhage : Hyperpiesis : Ac. on Ch. Nephritis.

6. Para. 2, aet. 40. Sent in as "Phlebitis." Confined at another Institution 3 weeks prior to admission. Died 18 days after admission here. At Autopsy : Pulmonary Embolism ; Thrombosed Pelvic Veins.

7. Primipara., aet. 23. Forceps delivery 3 days after admission. Stillbirth. At Autopsy : Congestion and Oedema of Lungs. Paralytic Ileus. Puerperal Pelvic Peritonitis.

8. Para. 1, aet. 29. Forceps delivery 13 days after admission. Live Birth. Mother died during delivery. Anaesthetic Idiosyncrasy acting on weak, dilated and fatty heart.

9. Primipara., aet. 30. Forceps delivery 2 days after admission. Advanced Phthisis. Live Birth—Spina Bifida. Child died 5 days later. Mother died of Tuberculous Laryngitis in Puerperium—3rd day.

Infant Deaths.

Prematurity—13. Insufficient Vitality at Birth—1.

Asphyxia Pallida—1. Spina Bifida—1.

Sub-Tentorial Haemorrhage—1. Cerebral Haemorrhage—1.

Total Deaths of infants born in Hospital—18.

CLASSIFICATION OF CASES TREATED DURING 1935

From January 1st to December 31st

and DISCHARGED.

MEDICAL CASES.

I. General Infections.

Chorea, Rheumatic	38	Rheumatism, Acute	67
Diphtheria	17	" Subacute	9
Erysipelas	48	Scarlet Fever	2
Influenza	8	Tetanus	1
Measles	5	Typhoid Fever	4
Mumps	1	Undulant Fever	1
Pertussis	12	Varicella	7

II. Respiratory Disorders.

Asphyxia Pallida	1	Pleurisy, Diaphragmatic	1
Asthma	14	" Interlobar	2
Bronchiectasis	11	" Purulent	1
Bronchiolitis	2	Pneumonia, Broncho	76
Bronchitis, Acute	71	" Lobar	48
" Capillary	2	" Unresolved	2
" Chronic	44	Pulmonary Congestion	1
Bronchial Catarrh	1	" Fibrosis	1
Broncho-spasm	1	" Hilar Flare	1
Laryngismus Stridulus	1	" Infarction	1
Pleurisy, Dry	7	" Thrombosis	1
" with Effusion	8	" Tuberculosis	96

III. Diseases of the Heart and Circulation.

Aortic Aneurysm	2	Endocarditis	13
" Incompetence	7	Enlarged Thymus	1
Aortitis, Syphilitic	4	Heart Block	2
Arterio Sclerosis	14	Hyperpiesis	4
Auricular Fibrillation	27	Mitral Disease	40
" Flutter	2	" and Aortic Disease	2
Cardiac Failure	1	Myocarditis	50
Carditis, Specific	1	Pericarditis	7
Congenital Heart	1	Myxoedema	1
Coronary Atheroma	4	Valvular Disease of the Heart	1
" Thrombosis	2		

IV. Nervous Disorders.

Aphasia	2	Korsakoff's Syndrome	2
Cerebral Diplegia	1	Meningitis, Cerebro-Spinal	1
" Embolism	1	" Meningococcal	1
" Haemorrhage	7	Post-Meningitis Paralysis	1
" Thrombosis	18	Pachymeningitis	1
" Softening	4	Neuralgia	1
Chorea, Huntingdon's	2	Neuritis	2
Chronic Bulbar Softening	1	Neurosyphilis	3
Disseminated Sclerosis	3	Paralysis Agitans	3
Epilepsy	12	Paralysis Serratus Magnus	1
" Jacksonian's	1	(Post-Measles)	1
Facial Paralysis, Bell's	2	Paresis Leg—Functional	1
Hydrocephalus	1	Parkinsonianism,	
Hysteria, Acute	7	Post-Encephalitic	4
Habit Spasm	1	Paraplegia, Spastic	2
Hemiplegia	7	Senile Tremor	1
		Tabes Dorsalis	4

V. Mental Disorders.

Dementia Praecox	1	Mental Deficiency	5
Imbecility	2	„ Deterioration	1
Insanity and Mental Derangement	36	„ Instability	2
Mania, Acute	1	Neurasthenia	15
„ Epileptic	1	Senile Dementia	4
Melancholia	5	Suicidal	6

VI. Metabolic and Endocrinal Disorders.

Adenoma of Thyroid	1	Exophthalmic Goitre	1
Diabetic Gangrene	1	Gout	5
Diabetes Insipidus	1	Hyperthyroidism	3
„ Mellitus	22	Jaundice, Catarrhal	4

VII. Nutritional and Congenital Defects.

Congenital Defects	6	Prematurity	1
Infants admitted with Mothers for Feeding	23	Rickets	4
Malnutrition	13	Senile Gangrene	1
Marasmus	12	Senility	11

VIII. Intoxications, Poisonings, etc.

Alcoholism, Acute	4	Food Poisoning (B.Aetryke) ..	1
Delirium Tremens	1	Narcotic Poisoning	1
Drug Addiction	2		

IX. Kidney Diseases.

Acute Retention of Urine	1	Nephritis, Chronic	8
Albuminuria	2	„ „ Interstitial	18
Bacilluria	3	„ „ Glomerulo	2
Glycosuria	2	„ Toxic	3
Nephritis, Acute and Subacute	8	Pyonephrosis	1
„ Arterio-Sclerotic	4	Uraemia	5

X. Bones, Joints and Fibrous Tissue (Affections of)

Arthritis, Chronic	2	Infra-patella Bursitis	3
„ Multiple	1	Pre-patella Bursitis	11
„ Osteo	22	Lumbago	2
„ Rheumatoid	10	Rickets	3
„ Septic	3	Sciatica	8
Rheumatic Polyarthritis	2	Spondylitis Deformans	1
Charcot's Joint	1	Synovitis	2
Fibrositis	5		

XI. Digestive System (Disorders of)

Colitis	4	Haematemesis	1
Duodenal Ulcer	8	Stomatitis	7
Gastric Ulcer	9	Acidosis	1
Gastritis	10	Gastro-Intestinal Catarrh	3
Gastro-Enteritis	22	Peptic Ulcer	3

XII. Diseases of the Skin.

Barbitone Rash	1	Psoriasis	2
Cellulitis	8	Lupus	1
Dermatitis	10	Scabies	16
Eczema	15	Seborrhoea	9
Erythema Nodosum	8	Scrofulous Gummata	1
Herpes Zoster	1	Sycosis Barba	4
Impetigo	14	Tinea Capitis	8
Intertrigo	1	Pemphigus	1
Lichen Planus	2		

XIII. Blood Disorders.

Spirochaetosis Icterus		Anaemia, Pernicious	5
Haemorrhagica	2	„ Secondary	6
Anaemia, Achlorhydric ..	1	„ Microcytic	1

CLASSIFICATION OF DISCHARGES.

SURGICAL CASES.

I. Alimentary System.

Appendicitis, Acute	10	Haemorrhoids	2
„ Subacute	5	Gumma of Liver	1
Abdominal Adhesions	1	Hernia, Various	9
Carcinoma Caecum	1	Hepatitis	1
„ Coli	1	Intestinal Stasis	7
„ Intestines	1	„ Adhesions	1
„ Liver	1	„ Obstruction, Chronic ..	1
„ Oesophagus	2	Enlarged Mesenteric Glands ..	1
„ Pancreas	3	Panniculitis	2
„ Rectum	3	Peritoneal Adhesions	1
„ Stomach	7	Peritonitis, Chronic	2
Cholecystitis	9	„ Tuberculous	5
Cholelithiasis	1	Pyloric Adhesions	3
Cirrhosis of Liver	2	Pyloro-spasm	3
Diverticulosis	1	Visceroptosis	1

II. Urino-Genital System.

Cystitis	9	Peri-nephritic Abscess	2
Enlarged Prostate	12	Pyelitis	15
Gonorrhoea	20	Rectal Prolapsus	2
Epididymitis, Gonorrhoeal ..	1	Renal Calculi	2
„ Tuberculous	3	Ruptured Bladder	1
Fistula in Ano	1	Sinus from Nephrectomy	1
Ischio-Rectal Abscess	2	Supra-pubic Cystotomy	1
Hydronephrosis	1	Syphilis	75
Orchitis	1	Traumatic Hydrocele	1
„ Tuberculous	1	Undescended Testis	1
Phimosis	5	Urethritis	1
Prolapsus Ani	2	Urinary Sepsis, Chronic	1

III. Affections of Mouth, Nose, Ear and Throat.

Adenitis, Cervical	3	Osteomyelitis Mandible	1
Alveolar Abscess	1	Otitis Media	35
Cerumen in Ear	3	Otorrhoea	6
Deflected Nasal Septum	1	Peri-Alveolar Abscess	1
Cleft Palate	1	Peri-Tonsillar Abscess	1
Epithelioma Mouth	1	Pyorrhoea	2
„ Palate	1	Tonsillitis	38
„ Ear	1	Ludwig's Angina	1
Extraction Teeth	24	Vincent's Angina	1
Mastoiditis	6	Quinsy	3

IV. Affections of the Eyes.

Bilateral Cataracts	1	Keratitis	2
Blepharitis	3	Myopia	1
Conjunctivitis	6	Ophthalmia Neonatorum	1
Corneal Ulcer	2	Staphyloma	1
Iritis	2		

V. Affections of Bones and Joints.

Cervical Caries	1	Fractures—Pelvis	3
Drop Foot	1	Ribs	4
Epithelioma Arm	1	Skull	1
Fractures—Ankle	4	Spine	1
Colles	4	Tibia	1
Femur	16	Tibia and Fibula	7
Fibula	2	Gumma of Sternum	1
Humerus	2	Multiple Myelomata	1
Mandible	1	Osteomyelitis of Tibia	4
Metatarsals	4	Tuberculous Spine	1
Patella	1		

VI. Respiratory System.

Carcinomatosis	1	Empyema, Rib Resection	6
Carcinoma Lung	1	Pleurodynia	1
„ Mediastinum	3		

VII. Maternity and Gynaecological.

Abortions, various	68	Cervicitis Gonorrhoeal	1
Abscess, Labius Majora	1	Confinements	231
Adherent Placenta	2	Contracted Pelvis	1
Albuminuria of Pregnancy	12	Ductus Papilloma R. Breast	1
Breast Abscesses	2	Dyostochia	1
Carcinoma Breast	2	Dysmenorrhoea	6
„ Cervix Uteri	2	Eclampsia	3
„ Corpus Uteri	3	Endometritis	3
Epithelioma Vulva	2	Hyperemesis Gravidarum	3

VIII. Miscellaneous.

Abscesses, various	25	Septic Conditions, various	14
Burns	5	Sprained Ankle	2
Carbuncles	11	Sebaceous Cyst	2
Foreign Body in Anus	1	Torn Brachial Plexus	1
„ „ „ Leg	1	„ Left Erector Spinae	1
Lymphadenitis	2	Ulcers	2
Various Minor Injuries	20	Varicose Ulcers	11
Phlebitis	12	Whitlow	1

IX. Orthopaedic.

Anterior Poliomyelitis ..	15	F.B. Knee	2
Arthritis, Infective ..	1	Injury to Knee	1
„ Osteo ..	6	Displaced Cartilage ..	2
„ Rheumatoid ..	1	Painful Heels	1
„ Villous ..	1	Deformed Feet ..	6
Osteomyelitis, Chronic ..	6	Pes Cavus	1
Fractures, Femur ..	1	„ Planus	1
„ for Non-Union ..	4	Talipes Equino Varus ..	3
<i>Congenital Defects :—</i>		Rickets	2
Congenital Dislocation of Hip	1	Scurvy Rickets	1
„ Fixation of Jaw ..	1	Hallux Valgus	2
„ Deformity of Spine	1	Hammer Toe	1
Spina Bifida	1	Tuberculous Ankle ..	2
Schlatter's Disease ..	1	„ Carpus	1
Sciatica	6	„ Dactylitis ..	1
Still's Disease	1	„ Foot	3
Synovitis	1	„ Hand	1
Syphilitic Knees	1	„ Hip	14
Slipped Epiphysis ..	1	„ Knee	13
Spondylitis Deformans ..	1	„ Sacro-Iliac ..	3
Ac. Pre-patella Bursitis ..	1	„ Shoulder ..	2
Charcot's Knees	1	„ Spine	15
Contraction of Knee ..	1	„ Wrist	2
		Perth's Disease ..	1

X. Malignant Growths—Summary of

Carcinoma Caecum	1	Cervix Uteri	2
„ Coli	1	Corpus „	3
„ Intestines	1	Carcinomatosis	1
„ Liver	1	Epithelioma Mouth ..	1
„ Oesophagus	2	„ Palate	1
Pancreas	3	„ Ear	1
Rectum	3	„ Arm	1
Stomach	7	„ Vulva	2
Lung	1		
Mediastinum	3		
Breast	2		
		Total	37

CAUSES OF DEATH

January 1st to December 31st, 1935.

I. General Infections.

Rheumatic Endocarditis ..	4	Pertussis	2
„ Pericarditis ..	3		
Erysipelas	7		16

II. Respiratory System.

Asthma	1	Pneumonia, Hypostatic ..	14
Bronchiectasis	5	„ Lobar	18
Bronchitis, Acute	5	Pulmonary Infarction ..	1
„ Chronic	15	„ Oedema	3
Laryngismus Stridulos ..	1	„ Tuberculosis ..	54
Pleurisy with Effusion ..	1		
Pneumonia, Broncho ..	29		147

III. Circulatory System.

Aortic Aneurysm	3	Hyperpiesis	2
„ Stenosis	1	Mitral Disease	3
Aortitis, Syphilitic	4	Myocarditis	28
Arterio Sclerosis	5	Pancarditis, Rheumatic ..	1
Arteritis, Specific	1	Pericarditis	8
Auricular Fibrillation	9	Sinus Thrombosis, Cavernous	1
Cardiac Failure	5	„ „ Lateral ..	1
Carditis, Specific	3	Valvular Disease of Heart ..	10
Coronary Thrombosis	3		—
Endocarditis, Subacute			89
„ Bacterial	1		—

IV. Nervous System.

Cerebellar Abscess	1	Meningitis, Basic	1
Cerebral Haemorrhage	20	Pineal Tumour	2
„ Thrombosis	23	Post-Encephalitic	
„ Softening	2	„ Parkinsonianism	1
„ Tumour	2	Subarachnoid Haemorrhage ..	1
Chorea, Huntingdon's	1	Sub-Tentorial Haemorrhage ..	1
Disseminated Sclerosis	1	Tabes Dorsalis	3
Epilepsy Chronic	1	Tumour of Diencephalon ..	1
Hydrocephalus	1		—
Meningitis, Tuberculous	10		73
„ Influenzal	1		—

V. Mental Disorders—Nil.

VI. Metabolic and Endocrinal Disorders.

Diabetic Gangrene	1	Exophthalmic Goitre	1
Diabetes Mellitus	5		—
			7
			—

VII. Nutritional and Congenital Defects.

Icterus Neonatorum	1	Senile Gangrene	2
Marasmus	2		—
Prematurity	23		46
Senility	18		—

VIII. Kidney Diseases.

Nephritis, Arterio Sclerotic ..	1	Uraemia	20
„ Chronic Interstitial ..	1	Acute Retention of Urine ..	1
„ „ Parenchymatous ..	2		—
„ Secondary Contracted ..	1		26
			—

IX. Digestive System.

Gastric Ulcer—Perforated ..	1	Gastro-Enteritis	13
Ulcerative Colitis	1		—
			15
			—

X. Affections of the Skin.

Cellulitis of Buttock		Pemphigus Neonatorum ..	1
„ (Septicaemia from) ..	1		—
			2
			—

XI. Diseases of the Blood.

Anaemia Achlorhydric	1	Henoch's Purpura	1
„ Pernicious	2		—
			4
			—

XII. Alimentary System.

Carcinoma Bile Ducts	1	Cirrhosis of Liver	5
„ Caecum	1	Hernia, Strangulated Ventral ..	1
„ Coli	6	Intestinal Obstruction Acute ..	1
„ Gall Bladder	2	Peritonitis Chronic	1
„ Liver	3	„ Tuberculous	3
„ Oesophagus	1	„ from Gangrenous	1
„ Pancreas	2	Appendix	1
„ Rectum	2	Spleno-Medullary Leukaemia ..	1
„ Stomach	5		—
Cholecystitis Acute	1		37
			—

XIII. Urino-Genital System.

Carcinoma Kidney	1	Supra-pubic Cystotomy	1
„ Prostate	3	Teratoma	1
Epithelioma Anus	1	Tuberculous Kidney	1
Cystitis Acute	1		—
Enlarged Prostate	3		13
Peri-nephric Abscess	1		—

XIV. Affections of Ear, Nose and Throat.

Carcinoma Larynx	1	Epithelioma Mouth	1
„ Oesophagus (upper) ..	1	„ Palate	1
„ Pharynx	2	„ Tongue	1
„ Superior Maxilla ..	1	„ Tonsil	1
„ Tongue	1	Parotitis	1
Epithelioma Ear	1		—
„ Jaw	1		14
„ Lip	1		—

XV. Affections of the Eye.

Sarcoma of Eye	1
----------------------	---

XVI. Affections of Bones and Joints.

Carcinoma Femur	1	Fractured Tibia and Fibula ..	1
„ Shoulder	1	Kummel's Disease of Spine ..	1
Fractured Spine	1	Multiple Myelomata	2
„ Femur	20	Tuberculous Spine	1
„ Forearm	1		—
„ Humerus	1		31
„ Ribs	1		—

XVII. Respiratory System (Surgical).

Carcinomatosis	1	Gangrene of Lung	1
Carcinoma Bronchus	5	Lung Abscess	4
„ Lung	7	Syphilis of Lung	1
„ Mediastinum	2		—
Chondro-Sarcoma Chest Wall	1		23
Empyema	1		—

XVIII. Maternity and Gynaecological.

Carcinoma Breast	8
„ Cervix Uteri	3
„ Corpus „	2
„ Ovary	2
Epithelioma Vulva	3
Ac. on Chronic Nephritis : Pontine Haemorrhage : Hyperpiesis	1
Anaesthetic Idiosyncrasy acting on weak, dilated and fatty heart	1
Gen. Peritonitis following Confinement. Ruptured Ovarian Absc.	1
Pulmonary Embolism : Thrombosed Pelvic Veins : Parturition	1
Puerperal Phthisis (with Tub. Laryngitis)	1
„ Septicaemia	1
„ „ following Inevitable Abortion	1
Pulmonary Infarction following Stillbirth. Thrombosed Pelvic Veins	1
Puerperal Pelvic Peritonitis following Stillbirth. Oedema of Lungs	1
	<hr/>
	27

XIV. Miscellaneous.

Burn of Scalp	1
Phlebitis	1
Retro-Pharyngeal Abscess, with Ruptured Blood Vessel	1
Rodent Ulcer	1
Gen. Peritonitis from Gangrenous Appendix, and Erysipelas of Wound	1
General Septicaemia from Septic Foot	1
	<hr/>
	6

XV. Orthopaedic.

Sarcoma of Spine	1	Tuberculous Spine	2
Tuberculous Dactylitis	1		<hr/>
„ Hip	1		6
„ Knee	1		<hr/>

XVI. Malignant Growths—Summary of.

Carcinoma Bile Ducts	1	Carcinoma Mediastinum	2
„ Caecum	1	„ Breast	8
„ Coli	6	„ Uterus	5
„ Gall Bladder	2	„ Ovary	2
„ Liver	6	Carcinomatosis	1
„ Oesophagus	2	Chondro-Sarcoma Chest Wall	1
„ Pancreas	4	Epithelioma Anus	1
„ Rectum	2	„ Ear	1
„ Stomach	5	„ Jaw	1
„ Kidney	1	„ Lip	1
„ Prostate	3	„ Mouth	1
„ Larynx	1	„ Palate	1
„ Pharynx	2	„ Tongue	1
„ Superior Maxilla	1	„ Tonsil	1
„ Tongue	1	„ Vulva	1
„ Femur	1	Sarcoma Eye	1
„ Shoulder	1	„ Spine	2
„ Bronchus	5	Teratoma	1
„ Lung	7		<hr/>
			81

Total of Deaths during 1935 .. 577

ERNEST C. HADLEY.

Medical Superintendent.

Report by the Orthopaedic Surgeon

LESLIE MORRIS, M.D., F.R.C.S.

with Foreword by the Medical Officer of Health.

COMMENT BY THE MEDICAL OFFICER OF HEALTH.

(1) The provision of a complete orthopaedic service with ascertainment and follow-up clinics at Richmond House, and in-patient accommodation at the City General Hospital and at the Isolation Hospital, is a state of affairs on which the City Council has much to congratulate itself.

The degree of co-ordination between the Education Committee, on the one hand, and the Health Committee on the other, is highly satisfactory.

(2) I have felt that this branch of the service is so important that it justifies a special appendix to my Annual Report, and at my request, therefore, the orthopaedic surgeon has supplied the following details of work done during 1935.

(3) I would draw the attention of the Council to the establishment at the City General Hospital of the apparatus and appliance workshop previously at the Isolation Hospital. This workshop is now so well equipped that it can deal with all the requirements of the service.

(4) The small epidemic of anterior poliomyelitis has already been noted in other parts of this Report. Treatment of the cases by the orthopaedic service appears to have been very satisfactory.

(5) Apart from minor matters of organisation and co-ordination, to receive attention shortly, the service is entirely satisfactory.

Report by the Orthopaedic Surgeon

LESLIE MORRIS, M.D., F.R.C.S.

Orthopaedics.

The City Health and Education Authorities provide a complete Orthopaedic Service in Leicester, and the value of the service is enhanced by the satisfactory co-operation between the City and the Voluntary Authorities in this sphere of work.

The City Orthopaedic Service consists of :—

- (1) A central clinic at Richmond House.
- (2) An Orthopaedic Department at the City General Hospital.
- (3) A Block for the treatment of cases of surgical tuberculosis in the Isolation Hospital, Groby Road.

(1) **The Orthopaedic Clinic** at Richmond House is under the control of the Education Committee working in free co-operation with the Health Committee.

The Clinic consists of a Special Block built and opened in 1930. It has a main waiting room, administration rooms, an Orthopaedic and consulting room, a plaster room, a gymnasium for remedial exercises and under the same roof there is the Artificial Sunlight Clinic.

Source of cases attending the Clinic :—

- (1) Infants referred from Maternity and Child Welfare Centres.
- (2) Children referred from the School Medical Service.
- (3) Cases of surgical tuberculosis referred by the Health and Voluntary Authorities.
- (4) Cases referred from the County Health and Education Authorities.

These patients are referred for consultation, treatment and continuous supervision.

Treatment provided at the Clinic consists of :—

- (1) General massage and Electro-therapeutics.
- (2) Remedial exercises for postural defects.
- (3) In-patient and out-patient operations for minor operations and short stay orthopaedic cases.

The follow up service supervises all cases referred to and treated at the Clinic and all cases which have been in-patients at the orthopaedic department at the City General Hospital. In relation to this service is a special adult clinic for the children who have left school and still require special orthopaedic supervision, and for adults who have been treated at the City General Hospital and require further care and supervision.

The Clinics are held :—

Weekly : Thursdays, 9.45.—Main consultation Clinic.

Monday, 2.0.—Postural defects and Maternity and Child Welfare treatment.

Saturday, 10.0.—Operations.

Monthly : 3rd Thursday at 2 p.m.—Adult Orthopaedic and Surgical Tuberculosis.

The X-Ray Service is by arrangement with the City Isolation Hospital, Groby Road, and the patients are transferred at the time of consultation to and from the hospital.

Instruments and appliances are supplied by the Health Service from the City General Hospital (see later).

The Staff consists of :—

An Orthopaedic Surgeon assisted by an Assistant School Medical Officer.

A qualified nurse masseuse.

An instructress in Remedial Exercises.

A resident nurse (part-time service).

The record and X-Ray photographs are under the control of and for the Orthopaedic Service only.

(2) **The Orthopaedic Department** at the City General Hospital consists of two wards reconstructed to provide verandah and open-air accommodation, and opened in 1933.

Ward 9 is for children and women with the side ward accommodation adapted as an Operation Theatre and Plaster Room, an Anaesthetic Room and a Surgeon's room. There is also a large side ward for the pre- and post-operation cases.

Ward 5 is for boys and men with accommodation adapted for a massage, Ultra-Violet Light and Electro-therapeutics treatment room ; and a room for the teaching staff.

The cases of surgical tuberculosis are treated in the open air and education is provided for the children during their period of treatment.

Source of cases.

These are practically all recommended by the orthopaedic surgeon or by other officers in the City Service. They are derived from:—

(1) Clinic.

- (i) Maternity and Child Welfare, e.g., Rickets, Congenital defects.
- (ii) School Service, e.g., General Orthopaedic.
- (iii) Surgical tuberculosis in co-operation with the Tuberculosis Officer.
- (iv) Cases from County Authority.

(2) Practitioners in City on the advice of the Orthopaedic Surgeon. Mainly, these are orthopaedic cases which require special and long stay orthopaedic treatment and have been seen in the first instance in Orthopaedic Out-Patient Department at the Leicester Royal Infirmary.

(3) Superintendent of the City General Hospital; special cases from the general wards of the hospital including fractures.

The treatment provided by the department consists of:—

- (1) General orthopaedic, immobilisation, splinting, plaster work, manipulation, open-air therapy, massage, ultra-violet light.
- (2) Operative.
- (3) Appliances.

Appliances.

A complete appliance, surgical boot-making and repair service is available for the Orthopaedic Department and other departments of the City Service. The department was originally situated at Groby Road. It is now established in a separate workshop at the City General Hospital. The department is fully equipped and staffed by an instrument maker, assisted by a leather worker, metal worker and part-time boot maker and repairer. The standard of work in the department is now very good and all varieties of work called for can be made.

X-Ray and Clinical Laboratory investigations are carried out in the hospital.

Follow up. All cases on discharge are referred to the Central Clinic.

Staff.

Special. Orthopaedic Surgeon, senior sister and two orthopaedic sisters, part-time masseuse.

General. Medical and nursing staff of the hospital.

Record and X-Rays are the property of the hospital and not of the Orthopaedic Service.

(3) **City Isolation Hospital.** Block No. 9 for cases of surgical tuberculosis. Consists of a specially-constructed block for this class of work and was opened in 1926. There are full facilities for open-air treatment, education, operations, X-Rays and ultra-violet light.

Source of Cases. City cases only.

(1) From the Clinic.

(2) Direct from the Tuberculosis Officer having been referred by the Orthopaedic Surgeon, practitioners, and the staff of the Leicester Royal Infirmary.

Treatment. General open air, splinting, ultra-violet light and special investigation, minor operations. The major operative side of the work is usually carried out at the City General Hospital.

Follow-up. Special Clinic at the hospital held monthly.

Staff. Medical and nursing staff of the hospital with one orthopaedic sister and visiting orthopaedic surgeon.

Record. Property of the T.B. Service.

X-Rays. Property of the Orthopaedic Service.

It will be seen, therefore, that the service has resulted from the development in three separate units of the Health Service and although there is free co-operation and interchange between the units under the advice of the Orthopaedic Surgeon, they are administratively separate units and work under different rules and regulations.

During the year 1935 there have been no changes in the service and the work has been routine. The scope and extent of the work is now stationary and may be taken to represent the extent of orthopaedic work which will come under the care of the Health Authority.

In July-August, 1935, there was a small yet definite epidemic of Acute Poliomyelitis. This was dealt with promptly and efficiently. In the acute stages at the Isolation Hospital; in the second stage for appliances, splinting and massage at the City General Hospital and on discharge the same were referred under the care of the Clinic. In this way the continual supervision and control under the Orthopaedic Surgeon and service was maintained. The question of the treatment of the cases with convalescent serum was carefully considered and in view of the general consensus of opinion, not carried out. Actually cases immobilised at a stage in which serum may have helped made excellent recoveries and it has been only the cases in which serum would have been too late that poorer results were obtained.

Statistics in relation to the work in all departments are given on the next page.

From the City General Hospital, Orthopaedic Department.

Ward accommodation	..	..	..	..	..	62 beds
Cases in wards, January 1st, 1935	..	..	..	..	..	60
Admissions, 1935	..	..	..	..	..	185
Discharges	..	..	..	..	..	135
Re-admissions	..	..	..	..	..	47
Deaths	..	..	..	..	..	6
Cases in wards, January 1st, 1936	..	..	..	..	..	57

Sources of cases, City 165 ; County 67.

Type of cases.	Adults.	Children.	Remarks.
Congenital defects ..	—	6	C.D.H., Spine (2), Jaw, Talipes (2).
Infectious origin :			
A.P.M. ..	1	14	
Arthritis, non T.B.	11	2	
,, T.B. ..	31	31	See below.
Osteo-chondritis	—	2	Schlatter, Perthe's disease.
Osteomyelitis Ch.	4	2	
Sciatica ..	6	—	
Injuries, Fractures	2	4	
I.D.K. ..	4	1	
Nutritional :			
Rickets ..	—	3	
Scurvy Rickets	—	1	
Neoplasm ..	1	—	
Postural and feet ..	8	4	
Various ..	1	2	

Surgical Tuberculosis.

	Adults.	Children.
Foot ..	1	2
Ankle ..	1	1
Knee ..	2	12
Hip ..	6	9
Sacro-iliac ..	3	—
Spine ..	14	3
Shoulder ..	2	—
Hand, wrist ..	2	2
Dactylitis ..	—	2

Deaths in cases of Sarcoma Spine, Tuberculous Dactylitis, Hip, Knee, Spine (2).

From the Isolation Hospital and Sanatorium, Groby Road.

Ward accommodation, 26 beds.	City cases only.				
Cases admitted during 1935	..	..	..	..	27
Cases discharged	..	..	..	..	35
Types of cases.	Admitted.		Discharged.		
T.B. Spine ..	..	..	8	..	12
,, Hip ..	..	..	6	..	6
,, Knee ..	..	..	6	..	4
,, Ankle ..	..	..	1	..	1
For observation ..	..	..	6	..	12
Attendances at Out-Patient Clinic	..	..	..	..	109

Cases with Orthopaedic Defects.

Statistics relating to Patients seen during the year ended 31st December, 1935.

Primary Examinations—New cases	355
Old cases	428
Secondary Examinations	1,047
Treatments	3,567
Operations—at Clinic	83
Total Attendances	5,480

New Cases.

Old Cases.

DISEASE.	New Cases. 1935	No Treatment Recommended.			Treatment Recommended.									Old Cases. 1930 1934		No Treatment Recommended.			Treatment Recommended.									Grand Total.		
					Remedial.			Instruments.			In-Patient Treatment.								Remedial.			Instruments.			In-Patient Treatment.					
Congenital Defects.	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	23
Cong. Defects ..	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6
Cong. Dislocation Hip	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4
Diaphyseal Aclasia	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3
Erb's Paralysis	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7
Metat. Varus ..	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5
Small Limbs ..	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Spina Bifida ..	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	10
Sprengel's Shoulder	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	33
Talipes Calcaneus	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	10
Talipes Equino-Varus ..	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	19
Torticollis ..																														98
Infective.	19	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	18
Acute A.P.M. ..	10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	14
A.P.M. ..	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6
Arthritis ..	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6
Osteo Chondritis	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6
Acute Osteomyelitis	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6
Chronic Osteomyelitis ..	22	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	91
T.B. ..																														

Cases with Postural Defects.

Statistics relating to Patients seen during the year ended 31st December, 1935.

Primary Examinations—New cases	..	113
Old cases	..	148
Secondary Examinations	.. ..	263
Treatments	.. ..	4,596
Total Attendances	.. ..	5,120
Cases Treated—At Clinic	.. ..	150
Home Exercises	.. ..	111

DIAGNOSIS.	AT CLINIC.					AT HOME.					Grand Total.
	Elementary		Secondary		Total.	Elementary		Secondary		Total.	
	Boys	Girls	Boys	Girls		Boys	Girls	Boys	Girls		
Scoliosis Postural	5	13	1	6	25	2	2	—	6	11	36
„ Structural	—	5	1	1	7	1	—	1	1	3	10
Kypho-Scoliosis ..	10	17	5	5	37	8	4	2	8	22	59
Kypho-Lordosis ..	6	8	4	2	20	4	5	2	—	11	31
Kyphosis	5	4	3	4	16	3	2	1	1	7	23
Kyphosis and Chest Deformity	5	4	—	—	9	4	5	1	1	11	20
Pes Valgus ..	2	4	5	3	14	4	7	2	4	17	31
Pes Plano Valgus	8	6	3	3	20	4	3	1	4	12	32
G.V. and Pes Valgus	1	—	—	—	1	5	2	—	—	7	8
Various	—	—	—	1	1	1	5	—	4	10	11
TOTALS ..	42	61	22	25	150	36	36	10	29	111	261

Elementary 175 (Boys 78, Girls 97). Secondary 86 (Boys 32, Girls 54).

LESLIE MORRIS.

Report on
Maternity and Child Welfare
for the year 1935.

By

E. B. BERENICE HUMPHREYS, M.B., Ch.B., Edin.,
Maternity and Child Welfare Medical Officer.

With foreword by the Medical Officer of Health.

COMMENT BY THE MEDICAL OFFICER OF HEALTH

(1) The appointment of four additional health visitors to allow for the extension of the City in April, 1935, has enabled the work of this department to be carried out very satisfactorily.

(2) Four new centres were taken over from the County Council. These centres are held in buildings which lend themselves most suitably for the work. Several of the existing City centres are not satisfactory, and should be exchanged for better premises as soon as possible. I refer in particular to the King Street Milk Depot, High-cross Street, Coleman Road and Justice Street Centres.

(3) The staffing of most of the clinics by part-time local medical practitioners who are only required to devote one hour per session, is unsatisfactory. It is impossible for an adequate number of mothers to see the doctor or for a proper supervision of toddlers to be carried out. This matter is receiving the attention of the Committee.

(4) The ante-natal clinic service of the City is not adequate. Apart from the clinics held at the Westcotes Maternity Home and at the Leicester and Leicestershire Maternity Hospital (at which are seen only those mothers who are to be confined at the hospital) there are only two ante-natal clinics for the whole of the City. During 1935, 1,608 women attended all the clinics. During the year there were 4,025 registered births, so that only approximately 40 per cent. of the women received ante-natal care from a clinic. This percentage is unsatisfactory and may have some bearing on the high maternal mortality rate.

I realise, of course, that some mothers are seen by their own doctors or midwives during their pregnancy, but I feel that an extension of the antenatal clinic service is urgently required.

(5) The work of the Westcotes Maternity Home has continued as in previous years. These premises do not easily lend themselves to their use as a Maternity Home. The long passages and arrangement of rooms add much to the difficulties of administration. The lack of proper isolation accommodation is a considerable source of anxiety at times.

(6) Similarly, although excellent work is carried on in spite of difficulties, the premises of the Day Nursery in St. Martin's are also not suited to that purpose. Their chief advantage lies in their central position, but it is to be hoped that alternative provision may become available in the near future.

(7) Co-ordination between this Department and the School Medical Service continues to be most satisfactory and has been, if anything, further improved by the appointment of the Medical Officer of Health as School Medical Officer.

Report on Maternity and Child Welfare for the year 1935.

By

E. B. BERENICE HUMPHREYS, M.B., Ch.B., Edin.,
Maternity and Child Welfare Medical Officer.

The statutory Maternity and Child Welfare Committee (appointed under the provisions of the Maternity and Child Welfare Act, 1918), consists, in Leicester, of the full Health Committee, together with four co-opted lady members.

Actually, the work is carried out by a Sub-Committee of five members of the Health Committee, together with the four co-opted members, which meets each month.

Health Visitors.

There now are nineteen District Health Visitors, together with a Superintendent Health Visitor, and their names and qualifications are set out on page vi.

The duties of the Health Visitors and the extent and scope of their work have been elaborated in previous reports and therefore will not be repeated here.

The following is a statistical report of the work done by the Health Visitors during 1935 :—

(Corresponding figures for the previous year are shown in brackets)

Number of first visits to children under one year old	3,471	(3,231)
„ „ revisits to children under one year old ..	17,675	(16,388)
„ „ visits to children one to five years old ..	17,944	(14,528)
„ „ visits to cases of Ophthalmia Neonatorum	90	(69)
„ „ first visits to ante-natal cases	478	(498)
„ „ other visits to ante-natal cases	464	(466)
„ „ visits to children under Infant Life Protection Act	941	(877)
„ „ other visits (no access)	6,352	(4,896)
„ „ „ „ (not classified)	1,022	(460)
Totals	48,437	(41,463)

Attendances at Schools for Mothers and Infant					
Welfare Centres	..	..	..	1,575	(1,359)
Attendances at Ante-Natal Clinics	..	..		217	(129)
Attendances at Birth Control Clinic		..		53	(48)

The increase in the number of visits paid as compared with those for the previous year is partly accounted for by the fact that, in consequence of the extension of the city boundary in April of the year under review, four additional Health Visitors were added to the staff in May. But this does not explain the entire increase in the number of visits paid. The home visiting is regarded as the most important duty of a health visitor and, in spite of the increasing demands of other branches of the work, every effort is made to ensure that she does not neglect her domiciliary visits.

Owing to transferable births and neo-natal deaths it is not possible accurately to compare the number of first visits to children under one year with the number of births registered in the city, but a total of 3,471 such visits in connection with 3,571 corrected births seems satisfactory.

Special importance is attached to the need for visiting children between the ages of one and five years and it is gratifying to note that the steady increase in the number of such visits in the last few years has been maintained during 1935—the increase of 3,416 as compared with 2,144 for the previous year not being entirely due to increased staff.

Most of the visits paid to ante-natal cases are concerning absentees from the ante-natal clinics or to ensure that adequate arrangements have been made for the forthcoming confinement.

Schools for Mothers and Infant Welfare Centres.

There were four new Centres added to the list during the year. These were Centres which were previously maintained by the County Authority but which came within the extended City boundary on 1st April, 1935. These are situated at Southfields Drive, Braunstone Hall, Evington and Humberstone. They were visited by members of the Maternity and Child Welfare Sub-Committee and County and City officials during March, and it was due largely to the cordial co-operation of the county staff that the appropriation was carried through without any disturbance or interruption of the work of the Centres. Later in the year it was considered that a City Centre on Saffron Lane, which was adjacent to one of these appropriated Centres, was redundant and it was therefore closed at the end of 1935.

The need for reorganisation, in view of the re-housing of certain sections of the population, is being kept in mind.

There are now twenty Centres in Leicester, and also the Infants' Milk Depot, at which mothers may attend and bring their children under five years of age, and the following is a detailed list thereof :—

Name.	President.	Day of Meeting.
Western Road	Mrs. Beale	Monday
Curzon Street	Mrs. Mantle	„
Clipstone Street	Miss Weston	„
Braunstone	Mrs. Mould	„
Southfields Drive	Mrs. Scott	„
18, King Street (Milk Depot)	—	Tuesday
Bedford Street	Mrs. Macdonald	„
Wesley Hall	Mrs. Furnish	„
Aylestone Road	Miss Windley	„
Cavendish Road	Mrs. Johnson	„
Fosse Road South.. ..	—	„
Uppingham Road	Mrs. Judge	Wednesday
Kelland College	Mrs. Goodger	„
Justice Street	Mrs. Bouskell	„
	Miss Went	„
Coleman Road	Mrs. Herbert	„
Humberstone	Mrs. Wheatley	Alternate Wednesdays
Belgrave Hall	Mrs. Mantle	Thursday
Clarendon Park	Mrs. Roberts	„
Highcross Street	Mrs. Viccars	„
Evington	Mrs. Richardson	Alternate Thursdays

By the unexpected death of Mrs. Oliver Taylor in March, 1936, Wesley Hall Centre has lost a kind and efficient President who has been associated with this Centre for several years. Mrs. Taylor was succeeded by Mrs. Furnish.

A session is held each week, and there is a doctor in attendance to give free medical advice to the mother about her child and herself in relation to the child. When any treatment is considered necessary, the mother is advised as to where she should obtain it. All cases see the doctor on their first visit, and thereafter as the health visitor considers necessary.

The need for a systematic and periodic examination of the toddler has long been recognised but in view of the fact that the majority of the Centres are staffed by part-time doctors, whose attendance is limited to about one hour, it is impossible to establish such a system at present.

The following medical practitioners conduct the medical consultations at various Infant Welfare Centres each week : Dr. Gertrude Austin, Dr. Lucy Simpson Davies, Dr. Moffat Holmes (resigned 1936), Dr. P. K. Hearth, Dr. Maurice Millard, Dr. Catherine Mitchell, Dr. Philip Snoad and Dr. George Taylor.

The Assistant Tuberculosis Officer, the M. & C.W. Medical Officer, and a member of the medical staff of the City Isolation Hospital also attend at some of the Centres each week.

One or more Health Visitors is attached to each Centre and, as far as possible, her district work is in the neighbourhood of the Centre which she attends, so as to ensure continuity of district and clinical work.

A series of fortnightly talks is maintained at all the Centres. A large proportion of this work was undertaken by Nurse Prior, who was attached to the Department as a part-time official in this capacity. Her retirement in October last was the occasion for sincere regret, especially amongst those mothers and voluntary workers who have known Nurse Prior for a great number of years—even as far back as the days of the Leicester Health Society, before the work was taken over by the Corporation in 1918. The “talks” are now given by one of the Health Visitors attached to the Centre. The syllabus is a comprehensive one and includes all aspects of the work of mothercraft and child welfare.

The following numerical details for 1935, with the corresponding figures for the previous year in brackets, shows that the amount of work continues to increase, though no statistics can ever truly indicate the amount of clinical and educational work which is accomplished week by week.

Number of Sessions held	..	..	880	(764)
Total attendances of Mothers	..	50,371		(43,979)
Total attendances of Children—				
Under one year old	32,167	{ 55,027	(28,093)	{ (48,603)
Over one year old	22,860		(20,510)	
First visits of Children—				
Under one year old	2,269	{ 2,962	(2,072)	{ (2,626)
Over one year old	693		(554)	
Number of Children attending—				
Under one year old	2,948	{ 6,082	(2,499)	{ (4,754)
Over one year old	3,134		(2,255)	
Number of Sessions at which a doctor				
was present	..	..	833	(759)
Number of children seen by a doctor	..	13,484		(11,899)

The difference between the number of sessions held and the number of sessions at which a doctor was present, *viz* : 47, is due almost entirely to the fact that during the 9 months following the appropriation of four Centres from the County Authority, alternate sessions without a doctor continued at these Centres. It is now customary for a doctor to be present at every session.

There are two Infant Welfare Centres which differ from the others in that the premises are permanently rented by the Corporation, and are open daily. These are the Infants' Milk Depot at 18 King Street, and the Consultation Centre at 119 Highcross Street.

1.—**The Infants' Milk Depot**, was established as far back as 1906 in premises in Belgrave Gate, and was transferred to King Street in 1931.

Mrs. Stanion continues as Manageress, and there are two assistants for the routine work in connection with the sale of dried milk, and the distribution of supplies to the various Infant Welfare Centres.

The premises are also used for two infant welfare clinics and an ante-natal clinic and birth control clinic each week.

The depot is open throughout the day, and mothers may attend at any time to have their babies weighed, and to receive advice from Mrs. Stanion.

The details of the work expressed numerically are as follow :—

			1935	1934
Number of children weighed	..	..	5,039	4,968
Attendances for advice only	..	..	2,395	1,590
Number of new cases	..	..	349	319
Number of Test Feeds carried out	..	..	197	214
Number of Infant Clinics held (Monday)	..		48	49
Average attendance at Clinic	..	..	15.5	17

2.—**Highcross Street Consultation Centre.** These premises comprise a three-storey house of eight rooms, five of which are actually in use. Two health visitors are attached to the Centre and share the work of the Centre and the home visiting to children under five years of age in the surrounding district. One health visitor is in attendance throughout the day to advise mothers and to weigh the children. Dried milk is also supplied from the Centre. Test feeds are carried out for cases belonging to the district and also for those mothers referred from other districts by the health visitors. An infant consultation clinic and an ante-natal clinic are held each week on the premises.

The window in the front of the premises affords opportunity for displaying posters, mottoes and models of babies and toddlers, suitably clothed, and has now become a feature of interest in the district.

The details of the work, expressed numerically, are as follow :—

	1935	1934
Number of New Cases	147	170
Attendances of Children under one year old	2,797	2,413
Attendances of Children 1 to 2 years old ..	457	} 889 844
Attendances of Children 2 to 5 years old ..	432	
Advice to Mothers	191	263
Attendances for Dried Milk, etc. .. .	1,596	1,205
Number of Test Feeds carried out	219	304
Number of Clinics held	50	51
Number of Mothers attending Clinic ..	1,881	2,103
Number of Medical Consultations at Clinic	1,058	1,118

It will be noted that the number of new cases has not shown the increase of the last few years, due to the fact that some of the mothers have moved out of the area served by the centre. But that the new cases continue to attend during infancy is indicated by the fact that even with a smaller number of new cases, the total attendances of children under one year shows an increase on the figure for the previous year.

Further, the special attention given to the children after infancy is shown by the fact that the increase in attendances under this heading which has been noted during recent years, has been maintained.

This is very gratifying in connection with a Centre which was opened as a Voluntary Centre and did pioneer work in one of the most needy districts of the City where the infant mortality rate was alarmingly high.

Ante-natal Clinics

There are three municipal clinics for expectant mothers viz:- The City of Leicester Maternity Home, Westcotes Drive (Friday morning and afternoon), for those women who have booked their confinement at this Home ; The Milk Depot, 18 King Street (Tuesday morning), and 119 Highcross Street, (Wednesday morning). The medical work at these clinics is carried out by the M. & C.W. Medical Officer.

(In addition there are now 3 weekly sessions held at the Leicester and Leicestershire Maternity Hospital for those women who have their confinement at this hospital.)

The women who attend the municipal Clinics include those who come independently or are referred by a doctor, a midwife or a health visitor. In addition, many of the women who wish to have their

confinement in the City General Hospital attend the clinic for their ante-natal supervision, as this obviates the somewhat tiring journey to the Hospital during pregnancy.

Concerning those patients who come of their own accord, details of their case are sent to the person subsequently engaged to attend the confinement, and doctors and midwives are supplied with a written medical report after the first visit of each case referred by them and subsequently as is necessary.

The number of ante-natal sessions held and the attendances during 1935 were as follow :—

(Corresponding figures for the previous year in brackets.)

	Number of Sessions.	First Visits.	Attendances : Revisits.	Totals.
18, King Street	49 (48)	199 (181)	413 (360)	612 (541)
119, Highcross Street ..	51 (49)	167 (163)	353 (336)	520 (493)
Municipal Maternity Home Leicester and Leicestershire	100 (104)	379 (368)	1157 (1081)	1536 (1449)
Maternity Hospital ..	106	863	2765	3628

The following are particulars concerning the source of the new patients who attended the Municipal Clinics :

			King Street.	Highcross Street.
Referred by health visitors .. ..	..	..	53	54
„ „ midwives .. ..	..	..	61	49
„ „ doctors .. ..	..	..	20	15
„ „ ex-patients or friends ..	..	..	31	16
Came of their own accord .. ..	..	..	34	33
			—	—
	Total ..		199	167
			—	—

The figures show that the increase in the number of new cases during recent years has been maintained though the total number of new patients attending a clinic—1608—is only 40 per cent. of the total births registered in the city during the year. Many of those who do not attend an ante-natal clinic are under the care of the doctor who is engaged for the confinement but there remains a large number of patients who are supervised entirely by midwives or not at all. As has been elaborated in a previous report, while a competent midwife is able to carry out the supervision as laid down by the Central Midwives Board, and so give an opinion of her patient in relation to child-bearing, she is not competent to judge of the woman’s general health. As this is a vital factor in relation to pregnancy, at least one medical examination is necessary in all cases. The scheme for “compensation to midwives,” which has now been in operation for three years, ensures that the

possible loss of a patient will no longer act as a deterrent to a midwife to send her patients to an ante-natal clinic.

The need for increasing the attendances at the ante-natal clinic has been constantly kept in mind, but there are two factors which have a definite bearing on the present position.

(1) Each of the existing clinics is situated near the centre of the city and the premises are not convenient in themselves for this purpose. It is unreasonable to expect a pregnant woman to incur time and expense in making a long journey to the centrally-situated clinic where the accommodation is already overtaxed.

(2) Many of the women continue to work, chiefly in factories, until only a few weeks before the confinement is due.

Nevertheless, the necessity for medical supervision of the expectant mother is being constantly stressed to the midwife, who is encouraged to attend whenever possible with her patients.

In addition to preventing or providing for certain complications at the confinement, the work at an ante-natal clinic should have a bearing on the neo-natal deaths and the deaths from prematurity. While much has been done to reduce infant mortality in general, the problem of the feeble infant who dies at birth, or within a few days, is still a serious one, as will be seen by a reference to Table 4.

Its relation to the general health of the mother during pregnancy, with which is associated the question of a suitable diet, is becoming more recognised and it is in this connection that the ante-natal clinic can fulfil a very important function.

Municipal Maternity Home.

The Municipal Maternity Home, situated in Westcotes Drive, was opened in August, 1920. It provides accommodation for 25 beds, together with one isolation bed.

The number of confinements at the Home during the last five years has been as follows :—

1931	..	..	327*	1934	..	..	412
1932	..	..	359*	1935	..	..	398
1933	..	..	402				

* County cases not admitted.

It is expected that the year 1936 will show a marked increase in the number of admissions to the Home. For some time it has been a

TABLE 20.

**MUNICIPAL MATERNITY HOME,
WESTCOTES DRIVE.**

Return relating to Maternity Homes maintained or subsidised by the Council, as required by the Ministry of Health, for Year 1935.

Form M.C.W. 96a.

1. Name and Address of Institution :— Municipal Maternity Home, Westcotes Drive, Leicester.							
2. Number of beds in the Institution	..	..	..	..	..	..	25
3. Number of cases admitted during the year	..	..	..	..	..	..	443
4. Average duration of stay	..	..	..	..	..	..	13.12 days
5. Number of cases delivered by—							
(a) Midwives	..	..	..	..	..	..	273
(b) Doctors	..	..	..	..	..	..	121
6. Number of cases in which medical assistance was sought by a midwife	..	..	..	..	..	..	148
7. Number of cases notified as—							
(a) Puerperal fever	..	..	..	..	..	..	—
(b) Puerperal pyrexia	..	..	..	..	..	..	12
8. Number of cases of pemphigus neonatorum	..	..	..	..	..	..	—
9. Number of infants not entirely breast-fed while in the Institution	..	..	..	..	..	..	19
10. (a) Number of cases notified as ophthalmia neonatorum	..	..	..	..	..	..	6
(b) Result of treatment in each case :							
Transferred to Royal Infirmary	..	..	..	..	..	..	3
Eyes quite clear when discharged	..	..	..	..	..	..	2
Eyes improved when discharged	..	..	..	..	..	..	1
11. (a) Number of maternal deaths	..	..	..	..	..	..	none
(b) Cause of death in each case.							
12. (a) Number of foetal deaths—							
(i) Stillborn	..	..	..	..	..	..	8
(ii) Within 10 days of birth	..	..	..	..	..	..	8
(b) Cause of death in each case and results of post-mortem examination (if obtainable)—							
Prematurity	..	..	..	..	..	..	3
Infantile convulsions. Cerebral Irritation	..	..	..	..	..	..	1
Intra Cranial Haemorrhage and Cardiac Failure	..	..	..	..	..	..	1
Melaena Neonatorum	..	..	..	..	..	..	1
Haematemesis and Melaena	..	..	..	..	..	..	1
Feebleness at Birth (post mortem result—Nil found)	..	..	..	..	..	..	1

matter of concern that the Home has not been more fully used, although on the other hand, it is not desirable that any Maternity Home should be run constantly to its full capacity.

The ante-natal clinic is held on the premises for two sessions each week and the attendances are recorded on a previous page. The number of new cases attending the clinic has no definite relationship to the number of admissions in each year as it is a feature of the Home that women may engage their own doctor to attend them in the Home if they wish, and such women do not usually attend the clinic. The absentees and defaulters are very few and are followed up in every case.

A tabular statement of the work done at the Home is given on the previous page, and a financial statement on page 242.

Training of Midwives. The Home is an approved training school for pupil midwives, and during the year 15 general trained nurses and one untrained person were accepted for training. Eight pupils were in training at the beginning of the year, and ten pupils were in training at the end of the year.

Of the 16 pupils who sat for the examination, 14 were successful in obtaining the certificate of the Central Midwives Board.

Midwifery Lectures for Pupil Midwives. The arrangement continues whereby a combined lecture course for pupil midwives from the three recognised training schools in Leicester is held, half at the Municipal Maternity Home and half at the Leicester and Leicestershire Maternity Hospital. Income is derived from the fees of the pupils attending the course, and out of these all expenses, including lecturers' fees, have to be paid. One lecture, at the close of each course, dealing with the relationship of the midwife to the Local Supervising Authority, is given by the Medical Officer of Health.

Staff. Dr. T. W. Allen continues as Medical Officer on call for the Home, and Miss E. Bradshaw as Matron.

Midwives.

A list of midwives who during 1935 notified their intention to practise within the City of Leicester appears on page 171. Their inspection is carried out by periodic visits to their homes by the M. & C.W. Medical Officer, who is the Inspector of Midwives. In addition, special visits are paid, as required, and midwives may report in person for advice concerning any difficulties which may arise in their practice. The Health Department provides adequate

and prompt disinfection for midwives who have become liable to be a source of infection.

While complying with the requirements of the rules of the Central Midwives Board, the standard of work varies, of necessity, with the individual midwife, and especially with regard to ante-natal supervision, which presents some difficulty to the older midwives. These midwives refer their patients to the ante-natal clinic, where the clinical work is undertaken for them. A scheme for compensating midwives for the loss of a case under certain conditions is referred to under "Ante-natal Clinics."

The supply of midwives has long since been more than adequate for the city; a very small number of them can depend entirely upon their practice as a means of livelihood, and most of them would welcome more cases.

Registered Nursing and Maternity Homes.

A list of registered Nursing and Maternity Homes within the City at the end of 1935 is given on the next page.

There was one new Home registered for two chronic medical patients and three small Homes were transferred from the county authority when the city boundary was extended in April of 1935.

The registered accommodation of one Home was increased from two to four beds, and re-registration was granted in the case of two existing Homes which were taken over by different nurses.

All Homes are inspected periodically by the M. & C.W. Medical Officer. The accommodation and facilities vary considerably, but every effort is made to secure for the patients the best conditions possible and an adequate and efficient nursing staff. Some of the smaller Homes were in existence prior to the Registration Acts, and the number of patients admitted each year is diminishing. No new application for registration is granted unless a high standard of efficiency and accommodation is assured.

Day Nursery.

The Corporation took over the work of the Leicester Day Nursery Society in July, 1920, and since February, 1923, the work has been carried on at premises in St. Martin's.

Attendances. The Day Nursery was open during the year for 243 full days and 48 halfdays (Saturdays). The total full attendances were 8,938, and the half-day attendances were 1,599 as compared with 9,708 and 1,848 respectively for the previous year. Any marked variation in the attendances is probably an indication of the rise and

LIST OF REGISTERED NURSING HOMES

(INCLUDING MATERNITY HOMES.)

	ADDRESS.	NO. OF BEDS.
9 Mere Road		1
13 Beckingham Road		5
Central Nursing Home, 33 Severn Street		6
40 Farnham Street		2
56 Clarendon Park Road		12
66 Uppingham Road		4
2 Melbourne Street		2
"Coneston," Thoresby Street		2
38 Cromford Street		1
58 Loughborough Road		6
348 Aylestone Road		11
Sundial Nursing Home, Aylestone Road		12
22 Vicarage Lane		3
337 Fosse Road North		14
85 Narborough Road		11
306 Aylestone Road		2
3 Danes Hill Road		10
Stoneygate Nursing Home, Stoneygate Road		6
Southfields Nursing Home, 84 Regent Road		4
"South View," Humberstone Lane		2
39 Scraftoft Lane		4
"Broadview," Goodwood Road		5
"Western House," Hinckley Road		4
"Clifton Nursing Home," 58 Fosse Road Central		6

fall of employment, though sickness plays an important part in the falling off of the attendances. In Leicester, the amount of female labour employed in the factories is high, and for those workers who are obliged to go out to work the Day Nursery meets a definite need. For a reasonable charge they are able to leave their children in safe and congenial surroundings, where skilled and constant supervision and suitable dietary are provided. Mothers who are nursing their children are encouraged to return to the Day Nursery for this purpose during the dinner hour, when they are also provided with a nutritious midday meal for a modest sum.

The M. & C.W. Medical Officer often pays frequent visits to the Nursery and is in constant touch with the Matron concerning doubtful cases of admission.

The Teaching of Mothercraft. The Day Nursery affords unique opportunity for the training of nurses and for the teaching of mothercraft to schoolgirls. The arrangement with the Education Committee continues, and the girls attend in groups of not more than eight, one group attending in the morning and one in the afternoon, each group attending for a period of four weeks. The total attendances made by the 307 schoolgirls were 2,718, drawn from the following schools: Avenue Road, Chester Street, Elbow Lane, Folville Rise, Holy Trinity, Lansdowne Road, Linwood Lane, Mantle Road, Narborough Road and Willow Street.

Staff.—Miss Alice M. Mason continues as Matron of the Day Nursery and is assisted by a staff of two Sisters, a Mothercraft Teacher and probationer nurses as required.

Local Government Act, 1929.

The two sections of this Act which concerned the Maternity and Child Welfare Department were (1) the care of destitute children and (2) the supervision of children who were nursed for gain (Infant Life Protection).

Up to the present the Maternity and Child Welfare Sub-Committee has not taken over from the Public Assistance Authority the care of the destitute children under five years of age.

As regards the working of the Infant Life Protection Section of the Children Act, 1908, this was transferred to the Public Health Authority, and each Health Visitor is now the appointed inspector of young children who are nursed out for gain.

The amendments as to the type of children to be registered and the methods of supervision which came into force following the alteration of the law in 1932 and which are detailed in earlier reports, continue to work satisfactorily.

During the year, 941 visits were paid to children in the care of persons who receive them for reward. Registration was refused by the Committee in only one case, but legal proceedings were not necessary to obtain suitable alternative accommodation for the child.

A nurse child was discovered in most unsuitable premises on the occasion of a visit for another purpose, and was found to be unregistered. The foster mother was subsequently prosecuted and fined twenty shillings. The child was immediately removed to hospital where it responded to treatment but, unfortunately, on discharge home to the real mother the child died after a short time.

At the end of the year there were 109 persons and 112 children on the Infant Life Protection Registers.

Treatment at the School Clinics.

Arrangements whereby children under five years of age may be referred from the Maternity and Child Welfare Centres for treatment at the School Clinics, as detailed in earlier reports, have continued during the year. A medical report on each case is now received from the School Medical Officer as to the treatment recommended and/or carried out.

This scheme works very satisfactorily.

Details as to cases treated are given below.

Dental Clinic. One of the School Dental Surgeons sets aside one afternoon of each week for the treatment of mothers and of children under five years of age. When, from time to time, this provision does not prove adequate for the number of cases referred for treatment, an additional weekly session is held.

Details of the work done during the year are set out below :—

The corresponding figures for the previous year are shown in brackets.

Number of Cases treated	..	..	..	..	268	(183)
Number of Attendances	..	..	..	..	612	(441)
Extractions—Permanent Teeth	..	..	..	..	783	(583)
Temporary Teeth	..	..	..	..	248	(246)
Anaesthetics—Local	..	..	..	..	289	(235)
Gas	..	..	..	..	16	(5)
Fillings	..	..	..	..	49	(24)
Scalings	..	..	..	..	19	(9)
Dentures	..	..	..	..	37	(20)
Prosthetic Dressings	..	..	..	..	133	(84)
Dressings	..	..	..	..	14	(7)
Consultations	..	..	..	..	56	(25)
Repairs	..	..	..	..	5	(2)
Number of Sessions held	..	..	..	..	71	(54)
Number of Cases under treatment on 31.12.35	..	..	..	..	44	(36)

The following extracts concerning the treatment of children under five years old are taken from the report for 1935 of the School Medical Officer :—

Artificial Sunlight.

The total number of infants who finished their treatment in 1935 was 86, grouped as follows :—

Rickets	39	Debility	29
Malnutrition	6	Various	12

In the majority of cases two courses are given but some require more.

Rickets : The best all-round results were obtained in this group, 33 out of 39 showing good or very good results.

Malnutrition : All six cases when discharged were much improved.

Debility : Out of the 29 cases, 24 showed good or very good results.

Various : This group includes case of anaemia, bronchitis, etc., and all were favourably affected except the two cases of bronchitis.

Orthopaedic Clinic.

There were 151 children under five years of age admitted to the clinic as new cases, as compared with 94 in the previous year. Many were referred for diagnosis and advice concerning some deformity, often slight, but of real concern to the parent. In 93 cases no treatment was recommended, in 11 cases the treatment advised was remedial, while instruments were recommended for 21 cases. For the remaining 26 cases in-patient treatment was advised.

In addition there were 102 old patients treated during the year.

Other Clinics.

There were 111 children under five admitted to the ear, nose and throat clinic, 61 to the eyes clinic and 78 to the skins and minor ailments clinic.

Birth Control Clinic.

The times of sessions, the type of women accepted for advice, and all other arrangements at the clinic, have been as detailed in earlier reports.

The following figures refer to the year 1935 :—

	City.	County.	Total.
Number of patients who sought advice ..	56	27	83
Number of patients accepted for advice ..	51	26	77
Number of patients who were refused advice	5	1	6

Concerning the 77 women accepted for advice, the following are the medical reasons for which the advice was given :—

			City.	County.	Total.
Husband :	Active Tuberculosis		1	—	1
	Mental disease		1	—	1
Children :	Mental defective		1	—	1
	Hereditary defect		2	—	2
Patient :	Active Tuberculosis		4	7	11
	General debility		13	5	18
	Gynaecological condition ..		7	2	9
	Complications of Pregnancy and Childbirth		12	6	18
	Heart Disease.. ..		2	3	5
	Kidney Disease		2	—	2
	Various other conditions ..		6	3	9
			—	—	—
			51	26	77
			—	—	—

Cases in which advice was refused. The number of women who were refused advice was six and this includes one county and two city women who were found to be pregnant. The number of refusals—a comparatively large one in the early days of the clinic—continues to be a small one now that the scope of the clinic is becoming more generally known, and doctors and others who refer patients to the clinic now realise that it is only “women where there are medical grounds rendering further pregnancy undesirable” who can be accepted for advice.

Follow-up work. The necessity for keeping in touch with all the women advised has been kept in mind from the inception of the clinic and is accomplished by various methods. With few exceptions, this follow-up has been possible and a periodic survey of the records is made and enquiries instigated concerning patients who have not re-attended the clinic for some months.

A summary was made at the end of 1933 of the condition of those women who had been accepted for advice up to the end of the second year of the clinic. It was found that any such summary, made annually, is rather confusing and it will be of more value to review results at longer intervals. Meanwhile the information is being collected and it is from this follow-up work that one is able to assess the true value of the work of the Clinic. Apart from the question of contraception, the clinic affords opportunity for the ascertainment of various gynaecological conditions, and the improvement in the health and happiness of these women, who are recommended for further advice and treatment, is an important feature of the Birth Control Clinic.

Puerperal Pyrexia and Puerperal Fever.

During the year there were 52 notifications of puerperal pyrexia and 12 of puerperal fever.

The following table sets out various data of interest concerning these cases :—

PUERPERAL PYREXIA AND PUERPERAL FEVER

Notifications and Result of Treatment.
1935.

	CONFINED AT					TREATED AT						RESULT OF TREATMENT							
												Recovered at				Died at			
	Home.	Maternity Home or Hospital.	City General Hospital.	City Mental Hospital.	Royal Infirmary.	Home.	Maternity Home or Hospital.	City Isolation Hospital.	City General Hospital.	City Mental Hospital.	Royal Infirmary.	Home.	Maternity Home or Hospital.	City Isolation Hospital.	City General Hospital.	City Mental Hospital.			
Puerperal Pyrexia ..	17	31	3	—	1	5	26	12	7	—	2	4	25	11	5	—	2	1	—
Puerperal Fever ..	8	3	—	1	—	—	1	6	3	2	—	—	—	4	3	1	2	—	1

The attributable causes in the 52 cases of Puerperal Pyrexia were : Adherent or retained placenta 12, intercurrent disease 10, breast abscess 10, phlebitis 5, abortion 4, difficult labour 6, albuminuria 1, cause not defined 4.

The attributable causes in the 12 cases of Puerperal Fever were : Retained placenta 4, difficult labour 3, abortion 2, ante-partum haemorrhage 1, cause not defined 2.

Under the notification of Puerperal Pyrexia and Puerperal Fever Regulations, a medical practitioner may seek the co-operation of the Public Health Authorities in four ways, viz., a bacteriological examination, a second medical opinion, a trained nurse, and hospital treatment.

Actually, in practice, hospital treatment is the usual method adopted ; the only other method was that of calling in a consultant in 4 cases of Puerperal Pyrexia.

From the above figure it will be seen that 12 cases of Puerperal Pyrexia and 6 cases of Puerperal Fever were removed to the City Isolation Hospital. It is now customary to transfer at an early date from the Municipal Maternity Home all cases of Pyrexia of doubtful origin or cases in which sepsis may be anticipated. The procedure of removing to hospital domiciliary cases of this nature is being encouraged as it is neither easy nor satisfactory to provide at home adequate treatment for these patients. Further, where a midwife is concerned—and it is very desirable that these women should have skilled nursing—she is not free to attend any other patient owing to the risk of infection, and even her frequent visits under medical supervision cannot be as satisfactory as hospital treatment.

The number of cases actually notified as Puerperal Fever is not so numerous, though a diagnosis of “pyrexia” is often changed to one of “fever” subsequently.

Obstetric Consultant.

Concerning a second medical opinion, Memo 156/M.C.W. of the Ministry of Health authorises the services of a consultant, and these are now available, from a panel prepared by the Local Authority, in all cases of difficulty arising ante-natally, or during the confinement or lying-in period.

During 1935, a consultant was called in for 13 cases for the following emergencies : Pyrexia 4, retained placenta 2, albuminuria 1, difficult labour 3, haemorrhage 2, toxæmia 1. In 3 cases, removal to hospital was advised, the remaining 10 cases were treated at home or in the place where the original illness occurred.

Maternal Mortality.

During the year there were 22 maternal deaths registered. Of these, 8 were due to sepsis and 14 were due to "other accidents and diseases of pregnancy and parturition."

Taking the corrected number of live births, 3,571, this gives a maternal mortality rate of 6.16 per 1,000 live births, as compared with 5.06 in 1934 and a puerperal sepsis rate of 2.24 as compared with 2.13 in 1934.

The figures for England and Wales for 1935 are a maternal mortality rate of 4.10 and a puerperal sepsis rate of 1.68 per 1,000 live births.

Through the cordial co-operation of the various members of the medical profession concerned it has been possible to obtain the fullest details concerning the pregnancy and confinement in all these cases. (Confidential reports, on a prescribed form, are forwarded periodically during the year to the Ministry of Health for the use of the Maternal Mortality Investigation Committee.)

In 14 women the initial illness or confinement took place at home, while the remaining 8 women were in a maternity home or hospital. Death occurred at home in 3 cases, while 11 were transferred to hospital.

The causes of death as certified were : Puerperal sepsis 8, eclampsia 4, ruptured uterus 1, obstetric shock 1, cerebral embolism 1, obstructed labour 1, congestion of the lungs 1, post-partum haemorrhage 1, peritonitis following ovarian abscess 1, pulmonary infarction 1, haemorrhage with abortion 1, nephritis 1.

Some indication of the physical and social condition of these women may be of interest. In 7 of the women, there was a definite history of previous ill health. Two of the women were unmarried, but in only one case was there any degree of poverty and this woman was admitted to a hospital 9 weeks before her confinement. In 13 women, this fatal termination occurred during their first pregnancy, two women had had a child previously, while the remaining seven women were the mothers of large families.

Six of the women had attended a municipal or other ante-natal clinic. 14 women had been seen by their doctor or a midwife, while in two cases of abortion, there was no ante-natal treatment.

In no instance was there any difficulty in removing the patient to hospital once the condition of the patient had become known, though in two cases, the patients themselves allowed valuable time to elapse before seeking medical aid.

The maternity services of the city were reviewed in my previous report and therefore will not be repeated here, though I would like to quote from my remarks in the 1934 report that I am reticent to enlarge upon the dangers of child-bearing, definite though they may be. Women are being scared by all that they read concerning maternal mortality, half of which has been said to be preventable, a statement which I am not able to accept. A public opinion has certainly been created but I am left with the opinion that it is a matter for every individual associated with the patient—the health visitor (who usually is the first person to know of subsequent pregnancies) the midwife, the doctor—to see to it that his or her supervision and examination, advice and treatment are such that the patient is properly prepared, mentally as well as physically, for a function which she should regard only as a natural one. Further, that during the confinement and lying-in period, every care and attention should be afforded her. Thereafter, in the present state of our knowledge, we could truly regard every maternal death as inevitable or unpreventable.

Infant Mortality

There were 212 deaths in infants under one year during 1935. The corrected number of births was 3,571 which gives an infant mortality rate of 59.37 per 1,000 births. The infant mortality rate for England and Wales was 57 and for the Great Towns 62, so that Leicester compares favourably with the rest of the whole country.

One observation concerning the infant deaths should be made, viz., that the greatest number of deaths under one year are neo-natal deaths, i.e., they occur in infants under four weeks of age. There were 114—more than 50 per cent. of the total—such deaths during 1935, and of these no less than 86 were in infants under one week old.

Further, this figure—86—includes 56 deaths from premature birth, so that this cause alone is a very definite factor in maintaining the infant death rates.

The causes of premature birth are various—some are due to accident, others to the mothers ill health—but the above observations are a clear indication that to maintain the infant mortality rate at the level to which it has been reduced in recent years, further and persistent efforts must be made in the direction of assisting the pregnant woman to carry her child to maturity, thereby increasing its chances of survival. The need for adequate ante-natal supervision has already been stressed in this report and the persistence of the high mortality rate amongst the newly-born should be specially borne in mind in this connection.

Ophthalmia Neonatorum

During the year, the number of cases of Ophthalmia Neonatorum notified was 21. Many of the cases were of a very mild nature and responded to domiciliary treatment within a few days. In no instance was there any impairment of vision—though two of the children died of an intercurrent disease. Hospital treatment is available for mother and child in severe cases which cannot be adequately dealt with at home.

As soon as a notification is received the health visitor investigates the case and keeps in constant touch while treatment is being carried out.

Assistance in Necessitous Cases.

A special sub-committee, of which Mrs.Cooper continues as Chairman, meets twice a month to consider applications for help in necessitous cases of mothers or children under five years of age. Every application has to be made in writing on a special form, which includes a full statement of all sources of incomes, together with particulars as to rent, number of dependent children, etc. The health visitor appends a report on each case.

A medical certificate is also required concerning the health of the person for whom help is sought. This is usually supplied at an M. & C.W. Centre, but a certificate from a private practitioner is accepted in cases which cannot attend a centre.

The amount and variety of assistance granted may be seen from the following figures :—

	1935	1934
Number of new cases granted milk	398	373
Number of old cases granted milk	1167	918
Number of gallons of milk granted free ..	5752	4679
Number of cases granted dried milk free ..	134	105
Number of cases admitted to the Day Nursery at reduced rate	37	39
Number of cases admitted to the Maternity Home at reduced rate	5	2
Number of cases in which doctors' fees were remitted	38	21
Number of cases in which total fees for Midwives were allowed	28	19
Number of cases in which part fees for Midwives were allowed	2	2
Number of cases in which dental fees were remitted	19	11
Number of home helps supplied	1	—
Number of cases in which no action was taken ..	39	28

Staff

There were four additional health visitors appointed in April, 1935, in view of the increased work with the extension of the city boundary, Misses Densham, Girdlestone, Keynes and White.

Miss Beattie resigned upon obtaining a post elsewhere and Miss Lloyd was appointed in her place.

E. B. BERENICE HUMPHREYS.

16th May, 1936

TABLE 22.
MIDWIVES NOTIFYING INTENTION TO PRACTISE IN
LEICESTER, 1935.

REG. No.	NAME.	ADDRESS.
32386	Adcock, Hannah	56, Clarendon Park Road.
42983	Bamber, Mabel E.	12, Portman Street.
82087	Barton, Hilda May	Stoneygate Nursing Home, Stoney- gate Road.
87311	Beedham, Elizabeth	Maternity Hospital, Causeway Lane.
2760	Blyth, Eliza	13, Fairfield Street.
69860	Bowsher, Aline Mary	58, Fosse Road Central.
55200	Bradshaw, Edith	Maternity Home, Westcotes Drive.
86764	Brailsford, Florence M.	46, Swainson Road.
84355	Brooks, Doris Irene	22, Gwencole Crescent.
66156	Brown, Mary Elizabeth	Fosse Road Nursing Home, Fosse Road North.
82979	Brown, M.	86, Tennis Court Drive.
82884	Bullock, Ethel A.	Stoneygate Nursing Home, Stoneygate Road.
57274	Camacho, Marie Stella	649, Aylestone Road.
73803	Carr, Beatrice Ellen	106, Kedleston Road.
67186	Carroll, Elizabeth	"Broadview," Goodwood Road.
31591	Chandler, Sarah K. T.	16, Lincoln Street.
92028	Clarke, Dorothy L.	Maternity Hospital, Causeway Lane.
73062	Clarke, Violet E.	Har-Treviann, Canon Street.
72390	Copson, Rose Lilian	517, Saffron Lane.
84413	Cotton, Elspeth	Maternity Home, Westcotes Drive.
26697	Davies, Amelia M.	39, Scraftoft Lane.
76297	Davis, Muriel Mary	58, Fosse Road Central.
36754	Dawkins, Jemima	58, Fosse Road Central.
80786	Dennis, Ethel	375, Humberstone Road.
79645	Devensey, Margaret A. R.	56, Clarendon Park Road.
89751	Dixon, E. E.	Sundial Nursing Home, Aylestone Rd.
90575	Docherty, Annie	Maternity Hospital, Causeway Lane.
66243	Dodson, Sarah E.	Dorsal Cottage, Burnaston Road.
71229	Earl, Ivy Bell	149, Queen's Road.
50887	East, Florrie	11, New Bridge Street.
	Eccles, M.	3, High Street, Evington.
68879	Eden, Lily	5, Thoresby Street.
67246	Eyre, Blanche G.	14, Lincoln Street.
77108	Fearn, Edna D.	13, Perseverance Road, Birstall
82264	Found, Dulcie	Maternity Hospital, Causeway Lane.
30974	Gawthorne, Fanny	45, Aylestone Road.
73282	Germain, Ivy Rita	Maternity Home, Westcotes Drive.
66815	Goodall, Olive	Sundial Nursing Home, Aylestone Rd.
15683	Gray, Jean	Maternity Hospital, Causeway Lane.
82304	Green, Doris B.	Dorsal Cottage, Burnaston Road.
92926	Gregory, Edna	56, Clarendon Park Road.
60388	Harding, Laura	2, Lorne Road.
91406	Hawkesley, Sarah	Maternity Hospital, Causeway Lane.
75166	Haynes, Nellie E.	19, The Newarke.
59161	Headley, G. C.	16, Dane Street.
26452	Heggs, Mary Louisa	Maternity Hospital, Causeway Lane.
37583	Hicks, Louisa S. A.	58, Bassett Street.
55864	Holyoak, Elsie E.	187, Sheridan Street.
71043	Hopkins, Margaret Lucy	39, Hallam Crescent East.
85708	Howard, Margaret Alice	52, Kerrysdale Avenue.
5223	Howsam, M.	90, Sylvan Street.
74592	Hull, Doris E.	Maternity Home, Westcotes Drive.
25486	Hunt, Annie Amelia	182, St. Saviour's Road.
70351	Hurd, Hilda Mary	34, Diseworth Street.

TABLE 22—continued.

REG. No.	NAME.	ADDRESS.
41739	Ingham, Adelaide ..	58, Loughborough Road.
66160	Japlin, Annie ..	Jesmond Dene, Narborough Road.
83156	Jordan, Beatrice Helen ..	52, Lorne Road.
65959	Kingham, Ida ..	11, Cameron Avenue.
77418	Kirk, Veronica ..	17, Filbert Street.
75842	Knott, Florence M. ..	Maternity Home, Westcotes Drive.
11389	Laughton, Annie ..	236, Clarendon Park Road.
90765	Laws, Jenny ..	Maternity Hospital, Causeway Lane.
51258	Ledger, Sarah E. M. ..	205, Birstall Street.
90018	Lowndes, Phyllis M. ..	56, Clarendon Park Road.
90796	MacLean, Agnes M. ..	Maternity Hospital, Causeway Lane.
76493	Mansfield, Edna ..	380, Fosse Road South.
90810	Marshall, Edna M. ..	Maternity Hospital, Causeway Lane.
41332	Martin, Lilian ..	301, Clarendon Park Road.
49841	McCaull, Jean ..	85, Narborough Road.
58762	McManus, Kathleen ..	58, Fosse Road Central.
91581	Meadwell, Edith M. ..	85, Narborough Road.
82496	Moore, Florence May ..	58, Fosse Road Central.
30688	Noon, Lucy A. ..	68, Uppingham Road.
87727	O'Flaherty, Nora ..	58, Fosse Road Central.
67428	Pateman, Clara ..	20, Warwick Street.
43317	Payne, Lilian Emily ..	7, Gipsy Road.
36784	Pilsworth, Maria ..	54, Blackbird Road.
49911	Potter, Frances A. ..	85, Narborough Road.
24652	Reeve, Clara ..	22, Vicarage Lane.
77256	Rimington, May ..	"Kensington," Catherine Street Ext.
69226	Ritchie, Ethel A. R. ..	Sundial Nursing Home, Aylestone Rd.
43467	Robb, Winifred B. ..	58, Loughborough Road.
74783	Roberts, Dorothy C. F. ..	Fosse Road Nursing Home, Fosse Road North.
79864	Royce, M. W. ..	Maternity Hospital, Causeway Lane.
67995	Shelbourn, Esther W. ..	68, Uppingham Road.
80504	Shercliff, Gwendolen I. ..	75, Hopefield Road.
28446	Simister, Edith A. K. ..	36, Wood Hill.
69730	Smith, Edith E. ..	9, Laurel Road.
75427	Smith, Elsie M. ..	58, Fosse Road Central.
79163	Smith, Emily ..	256, Hinckley Road.
49218	Smith, Gertie ..	141, Catherine Street.
75428	Smith, Lillie C. M. ..	Maternity Hospital, Causeway Lane.
55034	Smith, Mary A. ..	32, Narborough Road.
58618	Starmer, E. ..	Osterley, Glenfield Rd. Extension.
76097	Tite, Winifred Anne ..	Maternity Home, Westcotes Drive.
33774	Wakeling, Ada ..	27, Melton Road.
91021	Warden, Helen May ..	Maternity Hospital, Causeway Lane.
76125	Watt, Henrietta ..	Sundial Nursing Home, Aylestone Rd.
39491	West, Alice Rose ..	84, Regent Road.
54561	Whinnett, Anne M. ..	40, Mill Hill.
82026	Wilson, Grace M. ..	5, Thoresby Street.
80623	Yatham, M. ..	Maternity Hospital, Causeway Lane.
82040	Young, Violet ..	Sundial Nursing Home, Aylestone Rd.

NOTE.—Many of the above named are doing very little practice. There are very few who are fully engaged. Some attended no cases during the year.

Report of the City Analyst

For the Year 1935.

By

F. C. BULLOCK, B.Sc., F.I.C.

Public Analyst and Official Agricultural Analyst.

Report of the City Analyst

For the Year 1935.

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Public Analyst and Official Agricultural Analyst.

I beg to present the report on the work carried out in the City Laboratory during the year ending 31st December, 1935.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

Under this Act, 1,025 samples were received as follows :—

Milks	..	..	..	..	..	..	651
Miscellaneous Foods	..	..	..	..	..	..	258
Miscellaneous Drugs	..	..	..	..	..	..	116

For details see Table A.

33 milk samples, or 5.07 per cent. of the total number of milks, were reported against. (4.6 per cent. in 1934). (See Table B.)

13 foods, or 5.05 per cent. of the total number, were reported against. (7.6 per cent. in 1934.) (See Tables A. and C.)

13 drug samples, or 11.2 per cent., were reported as unsatisfactory. (All were satisfactory in 1934.) (See Tables A. and C.)

Milk.

Altogether, 730 samples of milk were examined for chemical composition, 651 being submitted by district Sanitary Inspectors under the Food Adulteration Act. The average composition of the latter samples was :—

Fat	..	..	..	..	..	3.68 per cent.
Solids not Fat	..	..	..	..	..	8.93 „

The average composition of 56 samples of milk as supplied to schools was :—

Fat	..	..	..	..	..	3.52 per cent.
Solids not Fat	..	..	..	..	..	8.93 „

As in previous years, the most frequent reason for a milk sample being placed in the "not genuine" category was deficiency of fat. Fat deficiencies ranging from 4 to 20 per cent. occurred in 21 samples, the deficiencies being calculated on the presumptive standard of 3.0 per cent.

Compared with the average fat content of all samples of 3.68 per cent. the 3.0 per cent. standard is a lenient one, and might very well be made an absolute standard.

Unfortunately, no confirmatory test has yet been devised (on a par with the Freezing Point test which proves the presence of added water) which will decide whether fat has actually been abstracted from milk of normal composition, or whether fat deficiency is due to less reprehensible causes.

Horvet's Freezing Point method was used throughout the year on 57 samples, including all samples showing deficiency of non-fatty solids.

In 11 cases the presence of added water was considered proved. (See Table B.)

Only one sample calls for particular comment. This was a sterilised milk (No. 209.) It showed poor composition generally (2.67 per cent. of fat, 8.14 per cent. solids not fat); and a low Horvet Freezing Point depression (minus 0.505° Centigrade) confirmed the presence of about 6.5 per cent. of added water.

A repeat sample taken in course of delivery (No. 215) was normal in composition and in Freezing Point (minus 0.540° Centigrade.) Owing to the cooked flavour of sterilised milk, poorness in composition through the addition of water is not so apparent to the taste as in the case of new milk. Since heating tends to homogenise the milk, the blue appearance caused by watering is not so noticeable. The sterilising process, however, does not materially affect the Freezing Point, so that this test can well be applied to give confirmatory evidence if added water is present. Since the fat was relatively more deficient than other milk solids, it appeared that an ounce or more of milk had been removed from the top of the bottle and the original bulk restored by the addition of water. (See Table B.)

In considering the comparatively high percentage of milks reported adulterated (5.1 per cent.), it should be noted that 7 out of the 33 were a series from one dealer (Nos. 9, 14, 15, 17, 18, 19, and 20.) A roundsman was found to be tampering with pint bottles of milk, removing one-fifth of the well-shaken contents and filling up the bottles with water. (See Table B.)

All the samples of milk received were tested for Boron compounds, Formaldehyde, Hydrogen Peroxide and Nitrite preservatives with negative result. One sample (No. 527) was reported “not so clean as is desirable.”

Miscellaneous Foods.

The samples examined are shown in Table A. No serious infringement of the Regulations was reported during the year.

Butter.

23 samples of butter contained amounts of water ranging from 11.7 per cent. to 16.0 per cent.; the average of all samples was 15.1 per cent. Foreign fats, preservatives and excess acidity were absent in every case.

Sausage.

8 samples of sausage gave the following results :—

Sample No.	Bread Content (per cent.)	Sulphur Dioxide Content (parts per million)
1183	19.0	320
1184	23.2	Nil
1185	26.6	180 (not declared)
1186	12.8	430 ,,
1187	34.3	260
1188	28.4	340
1189	26.6	192
1190	12.8	395 ,,

There are no food laws governing the composition of sausage as to bread and meat content ; but the Public Health (Preservatives, etc., in Food) Regulations, 1925, limit the amount of sulphur dioxide to 450 parts per million, and only permit this amount if the presence of preservative is declared. No declaration was made in the case of Nos. 1185, 1186 and 1190, and the vendors were cautioned. For action taken see page 211. (See Table C.)

Rice.

Of 6 samples examined only one (No. 1274) was “faced.” This sample contained 0.19 per cent. of talc, and as the amount was small no action was taken.

Sweets.

21 samples were examined, 7 contained small amounts of talc ranging from 0.05 per cent. to 0.26 per cent., the remaining 14 being free. The use of this cosmetic in articles of food seems undesirable and should be unnecessary, even in small amounts.

All the colourless sweets, e.g., acid drops and clear mints, contained small amounts of sulphur dioxide. Of 15 samples containing a detectable amount, 7 contained less than 30 parts per million. In these cases, it is probable that the sulphur dioxide was legitimately introduced with the glucose, which is a usual ingredient in this type of confectionery and is permitted to contain 450 p.p.m. sulphur dioxide. Where the sulphur dioxide materially exceeds 30 parts per million, we have reason to believe from results obtained in laboratory experiments that its presence in such amount indicates that sulphite containing compounds have been deliberately added for their bleaching action.

While this practice is definitely contrary to the spirit of the Regulations, it has to be recognised that the appearance of foodstuffs is a primary consideration with many of the public, and manufacturers, therefore, somewhat naturally, take advantage of any loopholes in the Regulations to get the desired effect by the cheapest means.

A broad interpretation of the Regulations permits a boiled sweet consisting of 40 per cent. glucose and 60 per cent. sugar to contain 200 parts of sulphur dioxide per million.

No sample examined during the year contained more than 185 parts per million of sulphur dioxide. This is an improvement on the state of affairs which existed a few years ago when amounts of 700-800 parts per million were recorded and prosecutions instituted.

Shellfish.

12 samples of oysters and 6 of mussels were examined for cleanliness, using the bacteriological technique recommended by the Worshipful Company of Fishmongers. The method detects whether or not the molluscs have been gathered from beds seriously polluted with sewage ; and a minimum standard of 60 per cent. cleanliness is recommended if the fish are to be passed for human consumption.

The results obtained are given in Table G.

All the mussel samples were condemned, and the public were warned by a local Press notice to cook all mussels before eating. (See Tables C. and G.)

Drugs.

Table C shows a considerable variety of drugs which for one reason or another proved unsatisfactory on analysis. The percentage adulteration (11.2 per cent.) was definitely higher than usual, and a distinct fall from grace compared with the previous year when 100 per cent. of the drug samples received were passed as satisfactory.

To avoid paying Government Stamp Duty on patent medicines it is now a common practice for the pharmacists to publish the percentage composition of many drugs, together with a declaration that no proprietary rights are claimed. Examination of a number of such articles during the year leads to the opinion that these declared analyses are sometimes a matter of form rather than a true indication of the composition of the medicine. Absolute accuracy, of course, is not expected, but ten per cent. variation more or less from the amount declared is supposed to allow a sufficient margin for commercial working.

Sample No. 143, which was sold as a "Fever and Cold Mixture," was declared to contain, among other things—

Syr. Tolu	..	..	..	..	12.5 per cent.
Sp. Aeth. Nit.	..	..	..	..	5.0 „

No evidence of the presence of the latter ingredient was obtainable and from the sugar content of the sample only one third of the declared amount of syrup of tolu was present.

Sample No. 235, contained 23.0 per cent. v/v of glycerine, whereas the declared formula indicated only 12.5 per cent.

Sample No. 238, supposed to consist of 25 pills each containing one drachm of ammoniated quinine, consisted of two distinct kinds of pills, but of similar appearance. Ten were of correct composition, the other fifteen being ordinary quinine pills devoid of ammonia and presumably packed in error. In such cases, where pre-packed articles are at fault, the retail pharmacist is obviously the victim of circumstances rather than the culprit. It was therefore decided to draw the attention of the local Pharmaceutical Union to the matter. This body caused the following notice to be issued in the next number of the National Pharmaceutical Union Supplement issued to all members in the district.

“FOOD AND DRUGS ACT WARNING.

“We have received information that in one area the Food and Drugs authorities have taken samples of ‘own name’ proprietaries on which the chemist had declared the formula to avoid medicine stamp duty.

“The analyst in these cases found the contents at variance with the labels, and the chemists could have been prosecuted ; these were all mass production packed lines, and no action is being taken against the chemists who have on this occasion been warned.

“This type of sampling may spread, and chemists must therefore immediately protect themselves by obtaining a guarantee from the packing house supplying such articles stating that the contents are as declared on the label. A general warranty in such circumstances will not suffice, the articles must be individually guaranteed.”

Flowers of Sulphur.

One sample (No. 1392) did not comply with the British Pharmacopoeia test for acidity. Free sulphuric acid develops in this article on storage and exposure to air, and unless the free acid is considerably in excess of the British Pharmacopoeia limit it is fair to regard the irregularity as a technical infringement of the Regulations rather than a fraud likely to prejudice the purchaser. (See Table C.)

An interesting point noted was that this sample was distinctly deeper in colour than five other samples of lower acidity taken at the same time.

Iodine Ointment.

Iodine ointment is not official in the present (1932) Pharmacopoeia. Iodine ointment of the British Pharmacopoeia, 1914, is made according to the following recipe—

Iodine	..	..	..	..	..	..	4 parts
Potassium Iodide		..	..	..	..	..	4 „
Glycerine	..	..	..	..	..	..	12 „
Prepared Lard	..	..	..	..	..	..	80 „

This formula, slightly modified, but still containing four per cent. of iodine and four per cent. of potassium iodide is given in the 1934 British Pharmaceutical Codex, and is the recipe commonly used in making up iodine ointment. The iodine is the potent ingredient, while the potassium iodide is necessary to bring it into uniform solution with the ointment base.

Owing to its volatile nature a certain amount of iodine is unavoidably lost during the process of manufacture. Potassium iodide is not volatile, hence in judging the genuineness of a sample of iodine ointment it is usual to allow a margin of plus or minus ten per cent. of the theoretical amount of potassium iodide to cover commercial inaccuracy, and from plus ten per cent. to about minus twenty per cent. of the correct amount of iodine to allow for further loss during manufacture.

A second variety of iodine ointment, known as “Non-staining Iodine Ointment”, is published in the 1934 British Pharmaceutical Codex, the formula given being—

Iodine	..	..	..	..	..	..	5 parts
Arachis Oil	..	..	..	..	..	..	15 „
Yellow Soft Paraffin	..	..	..	..	..	..	80 „

Since the iodine enters into combination with the arachis oil under the action of heat during manufacture, no potassium iodide is necessary in this recipe.

As potassium iodide is an expensive article this variety of ointment is cheaper to produce ; owing to its property of leaving no stain on the skin, it is also more popular. There are, however, some grounds for the opinion widely held that the non-staining ointment, while being more convenient to use, is less potent in its action, the iodine being, so to speak, locked up and not available to exercise its action. It is desirable, therefore, that for the benefit of discriminating purchasers, the two varieties should be only sold under their own respective names. It is further suggested that whereas non-staining iodine ointment contains in theory, five per cent. of iodine, it is recognised that inevitable losses occur during manufacture, and that, therefore, a standard of four per cent. minimum iodine be adopted, this figure being both reasonable and practicable.

Of 7 samples of iodine ointment examined, only four were passed : (See Table C.)

	<i>Sample No.</i>	<i>Vendor's Description</i>	<i>Result of Analysis</i>
Genuine	1313.	“B.P.C. Iodine Ointment”	Correct composition.
	1314.	“Iodine Ointment”	Correct composition within accepted limits.
	1316.	“Stainless Iodine Ointment”	Non-staining variety supplied.
	1214.	“The Ointment, Iodine”	Correct composition within accepted limits.

	<i>Sample No.</i>	<i>Vendor's Description</i>	<i>Result of Analysis</i>
Not Genuine	1315.	"The Ointment, Iodine"	Non-staining variety supplied.
	1215.	"Iodine Ointment"	Do.
	1213.	"The Ointment"	Non-staining variety supplied. Deficient of 50 per cent. of required amount of iodine.

Cod Liver Oil.

3 samples of cod liver oil (Nos. 356, 390 and 392) did not comply with the Antimony Trichloride Test for cod liver oil of the British Pharmacopoeia, 1932.

Sample No. 390 had special claims made for it by the maker. It was alleged to be " . . . Vitamin tested. Finest cod liver oil obtainable. Guaranteed minimum Vitamin A content 500 units. Warranted utmost purity and freshness."

When tested by the British Pharmacopoeia process, this sample gave less than five blue units on the Lovibond tintometer, whereas the British Pharmacopoeia requires a minimum of six, and the claim made for this particular sample would lead one to expect over seven blue units. In subsequent correspondence with the packer it transpired that this sample was packed over twelve months previously from a barrel of oil which originally just complied with the British Pharmacopoeia test.

Concerning the other two samples, No.356 was known to have been on the retailer's shelf for approximately four years, and No.392 was over two years old.

BACTERIAL.

The following is a summary of samples examined by bacterial methods during the year :

Milks (classified in Table F)	..	..	..	..	362
Reservoir Waters (for Water Committee)	..	..	..	..	76
Drinking Waters (for Health Committee)	..	..	..	..	3
Bath Waters (for Health Committee)	..	..	..	..	58
Shellfish (for Health Committee)	..	..	..	..	18
Total					517

It will be seen from Table F that 89 per cent. of the samples of Certified Milk examined reached the high standard required for that milk.

90.5 per cent. of Grade "A" (T.T.) samples, and 85.5 per cent. of Grade "A" samples were satisfactory.

Pasteurised milk samples, of which only 71 per cent. were up to standard in 1934, show a welcome improvement to 84 per cent. satisfactory this year.

The Milk (Special Designations) Order, 1936, which will come into operation on the 1st June, 1936, revokes the previous Orders under which the above samples were taken. Briefly, the new Order substitutes four new designations for milk, and provides for a modified method of testing samples. In particular, the present plate count method of judging samples becomes obsolete on the 1st January, 1937, and the methylene blue reduction test is substituted, designed to measure the probable keeping qualities of the milk rather than give a somewhat arbitrary number of colonies of microbes appearing under certain conditions, the significance of which it is not always easy to assess.

Reservoir Waters. (Water Committee.)

The samples of water taken directly from the filter beds at the three local reservoirs showed some variation in quality throughout the year. Nevertheless, the finally treated water, as supplied to consumers, was always of uniformly safe quality, with very low bacterial count and *B. coli* absent from 100 c.c.s in every sample.

Drinking Waters. (Health Committee.)

One sample of well water (No. H. 807) had a total count of 2,100 organisms per c.c., and *B. coli* present in 1 c.c. ; it was condemned as potentially dangerous.

Bath Waters.

With increasing popularity of swimming noticeable in recent years, the constant supervision of the quality of bathing water available to bathers has become more and more important. Now that the large swimming pool at Bath Lane has been dismantled, only five Corporation owned bathing pools are available in Leicester, viz., two at Vestry Street, and one each at Spence Street, Cossington Street and Aylestone. The bathing load is, therefore, necessarily high at times in the season, and the problem of keeping the water in good condition proportionately difficult.

Nevertheless, judging from the results obtained by the examination of random samples, it may be reported definitely that the general quality of the water is satisfactory.

The process of purification used involves screening followed by sand filtration after flocculation of organic matter ; then aeration, and finally, treatment with an appropriate dose of chlorine.

The chlorine dose can be altered as necessary. The bathing load being such a variable factor, an ideal adjustment is not always easy to achieve, the free chlorine being rendered impotent to have any bactericidal action by the reducing action of organic impurities introduced into the water. It is usual, therefore, to build up a small working margin of free chlorine, from 0.2 to 0.5 parts per million, and to try to maintain this quantity.

The tests applied to samples taken are :

- (a) a chemical test to ensure the absence of an undesirable excess of chlorine ;
- (b) two bacteriological tests to ensure a safe condition of the water.

Standards.

(1) The free chlorine shall not exceed 0.5 part per million.

(2) The total number of colonies developing in 24 hours on Nutrient Agar at Blood Heat shall not exceed 1,000 per ml.

(3) *Bacillus Coli* shall not be present in more than two out of five 10 ml. tubes.

System of Sampling.

Each bath is sampled the first week it is open to the public for the year. If the water fails on any of the above tests, it is sampled again weekly until a satisfactory sample is obtained. It is then sampled again after a fortnight, and if still satisfactory it is sampled thereafter once a month.

If the first sample from a bath is satisfactory it is sampled again after a fortnight and thereafter monthly while it remains satisfactory.

It thus follows that the number of samples required to be taken is inversely as the quality of the water ; and the further drop in the number of samples taken in 1935 is explained.

A certain amount of discretion is exercised as to a rigid interpretation of these standards. For instance, in the complete absence of *B. coli*, and in the presence of a reasonable quantity of free chlorine, a count of organisms slightly exceeding 1,000 would have no significance.

Similarly, a slight excess within reason of free chlorine at a time of peak bathing load might be regarded as a good fault. In no sample was

the chlorine dose reported excessive, having regard to weather conditions and number of bathers, etc.

It will be seen from Table D that 90 per cent. of the samples taken were reported completely satisfactory—a further improvement on previous years, as shown in Table E.

The privately owned swimming pool at Kenwood had its chlorinating capacity doubled early in the season, after a number of unsatisfactory tests. Thereafter, the supply gave a series of satisfactory samples.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

15 miscellaneous samples were taken informally under this Act. 9 were reported satisfactory (see Table H.)

Sussex Ground Oats.

Sample No. 35/FF/13 contained 13.65 per cent. fibre. The maximum amount of fibre likely to occur in genuine Sussex Ground Oats free from added oat offal is 12.0 per cent.

X's Winter Meal.

Sample No. 35/FF/12 contained 20 per cent. of its declared amount of fibre in excess, and was deficient of 17.8 per cent. of the required amount of Albuminoids (Protein.)

Basic Slag.

In the case of sample No. 35 FF/9, the Statutory Statement was defective in that it contained no mention of the amount of phosphoric acid present.

Ammonium Sulphate.

Sample No. 35/FF/10 had no statement of free acid present.

RAG FLOCK ACT, 1911.

Six samples were received under this Act and all attained the required degree of cleanliness (Table I).

PRIVATE SAMPLES.

Under Section 17(2) of the Act of 1928.

Only five samples were submitted under this section during the year—two per 100,000 of the population; the public are probably largely

unaware of their right to have dubious articles of food or medicine examined by this department.

One sample (S. 39) was a two-pound packet of sugar, submitted because it had a bitter taste and gave a "wrong" flavour to tea. Analysis indicated the presence of 1.5 per cent. of salt. When the Inspector called to take a formal sample, the affected supply had been withdrawn from sale.

The only other sample calling for comment was a bottle of port wine which had caused sickness and general nausea (S.41). The wine was highly contaminated with linseed oil and paraffin or turps. substitute, and had apparently been filled into a bottle previously used to contain varnish.

ATMOSPHERIC POLLUTION.

Four methods are used in Leicester to investigate this problem.

(1) Standard Deposit Gauges. Three of these are maintained—one on the Town Hall roof; one at Jarvis Street Cleansing Depot; and one in the grounds of the Mental Hospital. The polluting material from chimney tops, etc., carried about by the wind and brought down by rain is collected in a funnel of known area for successive periods of one month throughout the year, and analysed. The insoluble matter is separated into tarry matter, soot and ash; the soluble matter is estimated as volatile matter and ash, and separate determinations are made of sulphate, chloride and ammonia.

This method is useful in showing (a) the general level and type of pollution in the neighbourhood of the gauge; (b) the variation at different seasons of the amount of pollution at any one point; and (c) the difference in pollution at different localities. Conclusions as to the difference between separate towns can only be drawn if it is known that the gauges are on comparable sites for the respective towns.

The results obtained by this method are shown in Table L.

It will be seen that the average pollution at the Town Hall is about twice that at the Mental Hospital. In the town, the pollution is higher in winter than in summer; on the outskirts a slight increase is noticeable in the summer months.

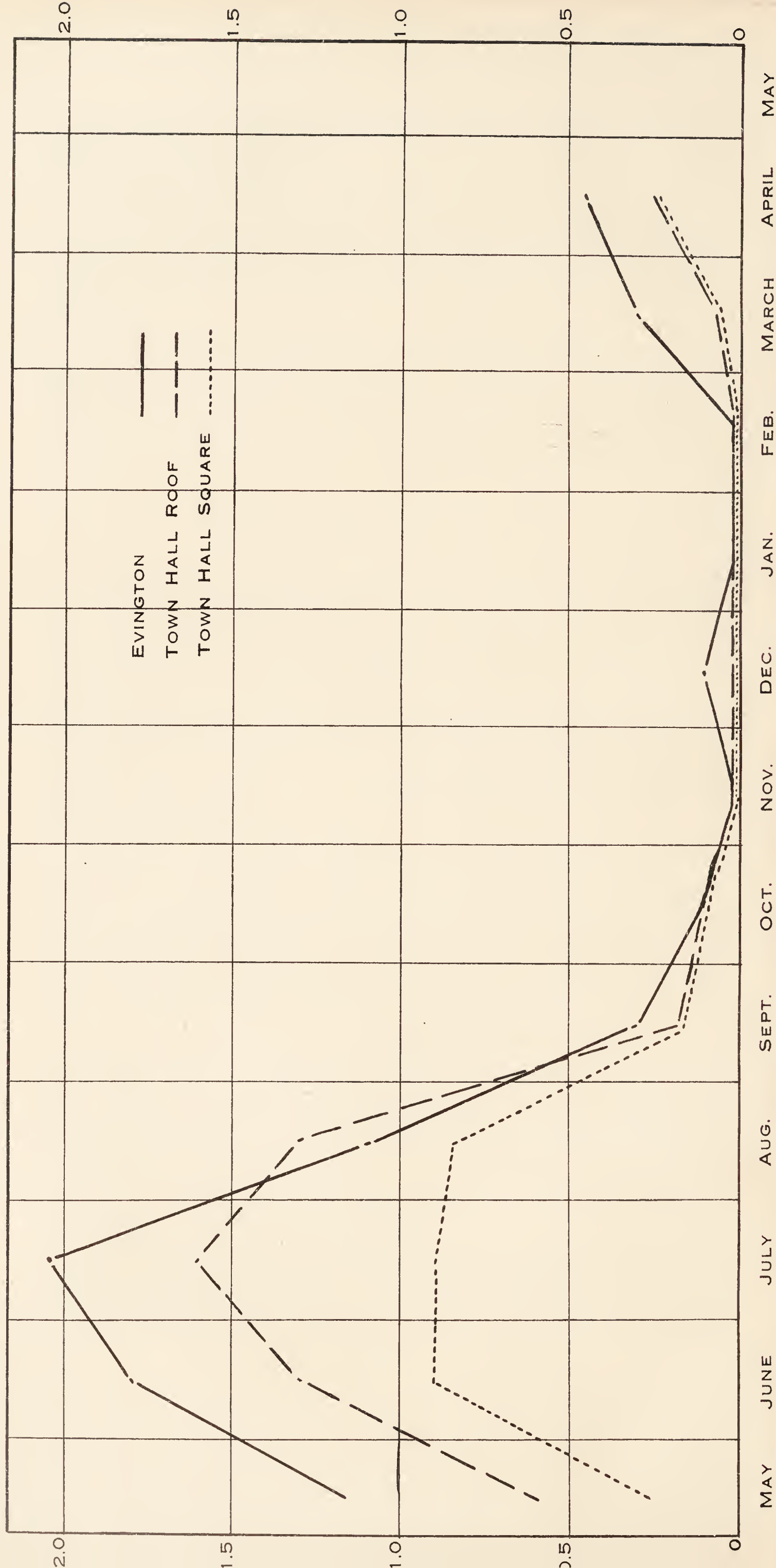
(2) Sulphur Volumetric Apparatus.

Air in measured quantity (about 70 cubic feet per day) is aspirated through an absorbent solution, and a daily record of the amount of sulphur impurities in the atmosphere obtained. This method is only

GRAPH 4

ULTRA-VIOLET LIGHT RADIATION BY ACETONE-BLUE METHOD

DAILY AVERAGE FOR MONTH IN UNITS OF FADING, MAY 1935-MAY 1936



carried out at one point—the laboratory in Grey Friars, and the results for the year are shown in Table M.

The concentration of sulphur is much higher in winter than in summer ; in the day-time than at night-time, and very much higher on foggy days than on clear days at the same time of the year. There is a noticeable decrease at weekends and at holidays, and, as might be expected, readings vary inversely as wind velocity.

(3) Lead Peroxide Cylinders.

Porcelain cylinders covered with tapestry cloth are coated with a paste containing principally lead peroxide. They are exposed for periods of one month, during which time the lead peroxide is partially converted to lead sulphate according to the active concentration of SO_2 prevailing throughout the period of exposure. We now have six of these cylinders at various points in the City, and records for four stations are shown in Table N.

The method gives more conveniently but in less detailed form than Method 2 above, information of the sulphur impurities in the air, particularly as to the probable corrosive action on building stone.

(4) Methylene Blue Ultra Violet Tubes.

One of the harmful effects of polluting material suspended in the atmosphere is to intercept the short ultra violet radiation from the sun. These rays have sundry beneficent results when absorbed by the human skin, and their cutting off by any means is thus a serious loss.

The intensity of the ultra violet radiation can be compared at different places, and at different times at the same place by its power of fading a solution of methylene blue in acetone and water.

A quartz tube is used for the test since glass is not transparent to ultra violet light, and a glass tube of the blue solution is used as a control to allow for fading caused by visible rays.

This method has only been used in Leicester since May, 1935, and the results obtained to date are shown in Chart 4.

MISCELLANEOUS.

Table K indicates work done for various Committees of the Corporation.

As before we have manufactured all the bacteriological media used for the examination of samples and supplied many gallons of verminfuge used in the disinfestation of old property.

The laboratory equipment was considerably improved during the year by the acquisition of a Lovibond Tintometer and an Abbé Refractometer—both of which instruments have been in regular use since purchasing.

No change in staff occurred during the year, and the part-time assistance of Miss Dawn has been appreciated.

In conclusion, I am pleased to record the keenness and adaptability shown by my assistants, Mr. J. L. Pinder, B.Sc., A.I.C., and Mr. C. Hyde throughout the year.

F. C. BULLOCK, B.Sc., F.I.C.,

City Analyst.

TABLE A.

Foods Analysed during 1935.				Drugs Analysed During 1935.			
Sample.		No.		Sample.		No.	
Condensed Milk	.. ..	7		Magnesia	.. ..	6	
Cream	.. ..	18		Tartaric Acid	.. ..	6	
Butter	.. ..	23		Cream of Tartar	.. ..	6	
Margarine	.. ..	13		Linseed Meal	.. ..	6	
Lard	.. ..	14		Malt Extract	.. ..	2	
Rice..	.. ..	6		Almond Oil	.. ..	4	
Pearl Barley	.. ..	6		Cod Liver Oil	.. ..	12	
Sugar	.. ..	15		Halibut Liver Oil	.. ..	6	
Sweets	.. ..	21		Olive Oil	.. ..	12	
Spirits	.. ..	12		Camphorated Oil	.. ..	7	
Fruit Cordials and Wines	.. ..	6		Iodine Ointment	.. ..	7	
Mineral Waters	.. ..	6		Paregoric	.. ..	4	
Coffee	.. ..	10		Prescriptions	.. ..	7	
Tea	.. ..	10		Influenza and Cough Mix-			
Cocoa	.. ..	4		tures	.. ..	14	
Dried Fruit	.. ..	21		Bronchial Tablets	.. ..	1	
Mincemeat	.. ..	8		Ammoniated Quinine Tab-			
Sausage	.. ..	8		lets	.. ..	1	
Meat Pastes	.. ..	8		Syrup of Tolu	.. ..	1	
Tinned Peas	.. ..	6		Inhalants	.. ..	2	
Tinned Fish	.. ..	12		Flowers of Sulphur	.. ..	6	
Ice Cream	.. ..	6		Sun Tan Lotions	.. ..	6	
Mussels	{ see separate	..	6				
Oysters		..	12				
			258				116

TABLE B.
Milk Samples reported "Not Genuine."
(For action taken see page 211.)

No.	Sample.	Nature of Deficiency.
608c	Informal	9% deficient Fat
615c	"	10% " "
616c	"	10% " "
618c	"	10% " "
209	Formal	4.5% " " 6.5% added water
211	"	5% " "
195	Informal	5% " "
645c	"	5% " "
1451	Formal	5% " "
1427	"	4% " "
1259	"	16% " "
674c	Informal	8% " "
675c	"	6% " "
678c	"	18% " "
1201	Formal	17% " "
1500	"	19% " "
572	"	5% " "
530	"	15% " " 11.3% added water
1129	"	8% " "
1070c	Informal	8% " "
425c	"	20% " "
447c	"	15% " "
231	Formal	3.5% added water
221	"	4.6% deficient S.n.F.
224	"	4.8% added water
9	"	16% " "
14	"	21.5% " "
15	"	20% " "
17	"	19% " "
18	"	20% " "
19	"	19% " "
20	"	19% " "
63	"	17% deficient Fat

TABLE C.
Defective Samples other than Milk.

No.	Description.	Sample.	Nature of Defection.
143	Fever and Cold Mixture	Informal	66% deficient Syrup of Tolu
238	Ammoniated Quinine Tablets	„	60% „ Ammonia
235	Influenza Mixture	„	84% excess Glycerine
248	Prescription	„	87% „ Nitric Acid
1392	Flowers of Sulphur	„	0.71% Sulphuric Acid
1315	Iodine Ointment	„	100% deficient Potassium Iodide
1213	„	„	50% „ Iodine
1215	„	„	100% „ Potassium Iodide
356	Cod Liver Oil	„	30% „ Vitamin A
390	„	„	16% „ „
392	„	„	25% „ „
389	Halibut Liver Oil	„	Only 30% Halibut Liver Oil
101	Camphorated Oil	„	11% deficient of Camphor
S39	Sugar	Private	1.5% Salt
S41	Port Wine	„	3% Linseed Oil and Paraffin
1185	Sausage	Informal	180 parts per million Sulphur Dioxide
1186	„	„	430 „ „ „ „
1190	„	Formal	395 „ „ „ „
SF 1	Mussels	Informal	Only 10% clean
SF 2	„	„	„ 40% „
SF 3	„	„	Nil % clean
SF 4	„	„	Nil % „
SF 5	„	„	Only 40% clean
SF 6	„	„	„ 20% „
SF 7	Oysters	„	„ 40% „
SF10	„	„	„ 40% „
SF11	„	„	„ 50% „
SF12	„	„	„ 20% „

TABLE D.
Bath Waters Examined in 1935.

Bath	Period	No. exam- ined	No. satis- factory	Unsatisfactory		% passed as satis- factory
				Count too high	B. Coli too num- erous	
Aylestone ..	May-Sept.	9	8	1	1	89
Spence St. ..	„	8	7	1	1	88
Cossington St.	„	8	8	—	—	100
Vestry St. ..	Jan.-Dec.	16	14	2	—	88
Total ..	.. ..	41	37	4	2	90
Kenwood ..	June-Sept.	17	10	6	6	59
Totals ..	.. ..	58	47	10	8	81

TABLE E.
Summary of Results from Corporation Baths during the last four years.

Year	1932	1933	1934	1935
Number of Samples ..	90	77	51	41
% satisfactory	43	54.5	74	90

TABLE F.
Result of Bacterial Examination of Milk, 1935.

Grade	Total No. examined	Passed as satis- factory	Total count too high	B. Coli too numerous	% satisfactory			
					1935	1934	1933	1932
Certified	28	25	1	3	89	85	76	71
Grade A (T.T.)	32	29	—	1	90.5	100	94	82
Grade A	124	106	13	14	85.5	87	88	88.5
Pasteurised	50	42	8	(3)	84	71	90	70
Sterilised	8	7	1	—	87.5	75	100	100
Bottled and Raw	36	32	3	2	89	79	82	78
School Milk (Pasteurised)	56	46	10	(6)	82	78	66	84
Accredited applications ..	18	17	1	1	94.5	—	—	—
Miscellaneous	10	7	1	3	70	62	73	61
Total	362	311	42	24 (33)	86.0	81.5	85.4	81.5

TABLE G.
Shellfish Examined during 1935.

Sample	Total No. examined	Total No. satis- factory	% Clean										
			0	10	20	30	40	50	60	70	80	90	100
Oysters ..	12	8	—	—	1	—	2	1	—	1	—	4	3
Mussels ..	6	0	2	1	1	—	2	—	—	—	—	—	—
Total ..	18	8	2	1	2	—	4	1	—	1	—	4	3

TABLE H.
Fertilisers and Feeding Stuffs Analysed during 1935.

Sample	Number	Number Unsatisfactory.		
		Composi- tion Incorrect	Statutory Declara- tion Defective	Total
Ammonium Sulphate ..	2	—	1	1
Nitrate of Soda	2	—	—	—
Basic Slag	1	—	1	1
Compound Fertilisers ..	6	—	—	—
Winter Meal	1	1	—	1
Sussex Ground Oats ..	1	1	—	1
Total	13	2	2	4

TABLE I.
Rag Flocks Tested during 1935.

Sample Number	R14	R15	R16	R17	R18	R19
Chlorine in parts per 100,000 ..	1	2	1	4	3.3	3.8

TABLE J.
Samples Submitted by Members of the Public.
[Food and Drugs (Adulteration) Act, 1928, Sect. 17 (c).]

Coffee	1
Sugar	1
Milk	2
Port Wine	1

Miscellaneous Samples Examined for Various Committees.

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TABLE L.
Atmospheric Pollution, 1935.
(Average monthly figures).

Quantities expressed in tons per square mile.

				Town Hall.	Jarvis St.*	Ment. Hos.*
Insoluble Matter	{	Tarry matter	..	0.32	0.25	0.23
		Soot	.. ..	5.14	6.96	2.64
		Ash	.. ..	13.04	8.99	5.53
Soluble Matter	{	Volatile Matter	..	2.33	2.48	1.91
		Ash	.. ..	5.50	4.68	3.02
Sulphate as SO ₃		.. ..	2.40	2.14	1.21	
Chloride as Cl		.. ..	1.00	0.81	0.53	
Ammonia as NH ₃		.. ..	0.21	0.28	0.26	
Total Solids.. ..				26.34	23.41	13.33

* Jarvis Street and Mental Hospital : 11 months only.
September figures missing.

TABLE M.
Measurement of SO₂ in Atmosphere.
(Volumetric method.)

Station	Month	No. of deter- minations	Sulphur Dioxide in Vol. million		
			Average	Highest	Lowest
Grey Friars, Leicester	January	32	0.111	0.630	0.07
	February	27	0.104	0.310	0.05
	March	29	0.091	0.190	0.04
	April	24	0.085	0.130	0.04
	May	29	0.061	0.110	0.02
	June	22	0.031	0.071	0.02
	July	21	0.039	0.059	0.017
	August	25	0.036	0.079	0.013
	September	26	0.052	0.092	0.026
	October	28	0.074	0.230	0.049
	November	29	0.103	0.331	0.042
	December	31	0.135	0.730	0.061

TABLE N.

ATMOSPHERIC POLLUTION:

Lead Peroxide Method for SO_2 . Average Monthly Figures for 1935
in mgms. of SO_3 per 100 sq. cm. per day.

Station		Town Hall	Grey Friars	Central Ave.	Evington
January	..	4.74	4.26	0.96	1.26
February	..	3.73	3.73	0.82	0.70
March	.. ..	3.69	3.71	0.65	0.58
April	.. ..	2.32	2.28	0.69	0.54
May	.. ..	1.53	2.07	0.46	0.39
June	.. ..	1.57	1.32	0.41	0.19
July	.. ..	1.07*	0.96	0.44	0.27
August	.. ..	1.07	0.95	0.35	0.30
September	.. ..	1.95	1.57	0.35	0.35
October	.. ..	3.53	3.06	0.73	0.71
November	.. ..	3.73	3.50	0.60	0.62
December	.. ..	4.84	4.12	1.1	1.23
Average	..	2.80	2.62	0.63	0.595

Report on the Sanitary Inspection Department

for the year 1935.

By

F. G. McHUGH, M.R.San.I.,
Chief Sanitary Inspector.

Report of Chief Sanitary Inspector

for the year 1935.

STAFF.

The inspection staff consists of a Chief Inspector, a deputy Chief Inspector, two Inspectors engaged whole-time in meat inspection work at the Corporation Slaughterhouses at the Cattle Market, and eighteen District Sanitary Inspectors.

Mr. A. T. Price, the senior District Sanitary Inspector, was promoted to the position of deputy Chief Inspector in November, when it was decided to advertise for eight additional Sanitary Inspectors in order to cope with the extra work entailed by Slum Clearance, by the administration of the Shops Acts 1912-1934, and on account of the extension of the city boundaries.

In December, Mr. W. E. Weir, a District Sanitary Inspector, resigned on being appointed Chief Sanitary Inspector for the County Borough of Preston, but the vacancy had not been filled by the end of the year.

The clerical staff consists of a Chief Clerk (male), three shorthand typists (one temporary), a telephonist and a uniformed messenger; the services of the two latter are shared. The temporary shorthand typist was appointed owing to arrears of work in connection with slum clearance.

A further male clerk (permanent) was advertised for in connection with the administration of the Shops Acts and Housing Acts, also six temporary enumerators for the survey of overcrowding under the Housing Act, 1935.

During the winter session 1935-1936, several of your Sanitary Inspectors attended a course in "Sanitary Science as applied to Buildings and Public Works" at the Technical College.

SYNOPSIS OF SANITARY INSPECTION WORK.

An "inspection" is the first visit paid to premises.

A "re-inspection" is a visit made after notice has been given for the remedying of a defect.

	Inspections.	Re-inspections.	Total.
Re Accumulations	34	—	34
Agricultural Produce (Grading and Marking) Act	51	—	51
Re Animals, Poultry, Swine, etc.	45	—	45
Ashpits and Ashbins	111	—	111
Bakehouses—Factory	57	—	57
Non-Factory	44	—	44
Canal Boats	34	—	34
Cesspools	24	—	24
Closets—Water	432	15	447
Privies	18	—	18
Pails	4	—	4
Cold Stores	57	—	57
Common Lodging Houses—Day	97	—	97
Night	9	—	9
Complaints Received	2230	2543	4773
Complaints Confirmed	1960	3629	5589
Cowsheds	194	—	194
Dairies and Milkshops	388	—	388
Dangerous Structures	13	—	13
Drains Inspected—Smoke Tests	2522	94	2616
Chemical Tests	22	—	22
Colour Tests	161	—	161
Drains Inspected	4208	3056	7264
Ditches and Watercourses	3	—	3
Entertainment Houses	14	—	14
Factories	99	—	99
Fish Frying Premises	39	—	39
Food Manufacturing Premises	396	—	396
Food Warehouses	9	—	9
Houses re Contagious Disease	1561	—	1561
Houses re Contagious Disease Contacts	649	—	649
Houses re Disinfection	661	—	661
Houses re Vermin	23	—	23
Housing Acts—Houses	776	1692	2468
Other Buildings	33	—	33
Housing Acts (Slum Clearance) :			
Section 1—Houses	185	—	185
Other Buildings	1	—	1
Section 19—Houses	61	—	61
Special Visits	116	—	116
Houses Let in Lodgings—Day	29	—	29
Hotel and Restaurant Kitchens	8	—	8
Ice Cream Premises	22	—	22
Markets—Cattle	20	—	20
Retail Meat	443	—	443
Fish and Fruit	402	—	402
Wholesale Fish and Fruit	627	—	627
Wholesale Meat	684	—	684
Wholesale Tripe	9	—	9
Meeting with Owner or Tradesman	2056	—	2056
Merchandise Marks Act	356	—	356
Offensive Trade Premises	110	—	110
Piggeries	25	—	25
Carried forward	21997	11029	33026

			Inspections.	Re-inspections.	Total.
	Brought forward		21997	11029	33026
Shops—Meat	.. ..	..	1182	—	1182
Fish	.. ..	..	124	—	124
Fruit	.. ..	..	87	—	87
Other Food Shops	..		82	—	82
Shops Acts	.. ..	..	3	—	3
Slaughterhouses—Corporation	..		531	—	531
Private	..		6365	—	6365
Schools	.. ..	..	29	—	29
Smoke Observations	..	..	101	—	101
Special Visits re Smoke		..	71	—	71
Special Visits	.. ..	..	2968	—	2968
Sewers, etc.	.. ..	..	40	—	40
Street Gullies	.. ..	..	2	—	2
Streets or Back Roads	.. ..	..	3	—	3
Stables	.. ..	..	8	—	8
Tips	.. ..	..	5	—	5
Urinal—Public	.. ..	..	3	—	3
Private	.. ..	..	40	—	40
Van Dwellings	.. ..	..	35	—	35
Workshops and Workplaces (ex- cluding Bakehouses)	.. ..	..	73	—	73
Yards and Courts	.. ..	..	195	—	195
Grand Totals	.. ..	..	33944	11029	44973

Notices—Served	—Informal	..	..	..	1433
	—Formal	..	..	..	133
Complied with	—Informal	..	..	..	838
	—Formal	..	..	..	38
Samples—Food and Drug Acts	..	..	..	..	1025
Water	..	..	..	..	20
Bacteriological	..	..	..	..	362
Milk for T.B.	..	..	..	..	164
Rag Flock Act	..	..	..	..	6
Fertiliser and Feeding Stuffs Act	..	..	..	..	13

CANAL BOATS.

The whole of the “available” boats on the register, viz., 51, are “Narrow” boats. Thirty-four boats were inspected during the year, these were occupied by 46 males, 15 females, and 10 children over five years, and 9 children under five years.

The condition of the boats was clean and satisfactory.

DISINFECTION.

The total number of articles of clothing, bedding, &c., disinfected by steam during the year was 916. The number of houses or parts of houses disinfected was 2,646.

The above figures include clothing, bedding, &c., from 3 houses which were found to be in a verminous condition.

DISINFESTATION.

The number of Houses and Furniture treated by hydrogen cyanide—

Van loads of household furniture treated	284
Old houses treated before demolition	217

DRAINS.

Voluntary Cleansing of Stopped Drains by Health Department.

Ninety-eight drains were attended to and of these 76 were unstopped immediately. In the remaining 22 cases the owners' attention had to be called to them.

ADMINISTRATION OF FACTORY AND WORKSHOP ACT, 1901.

In connection with Factories, Workshops, Workplaces and
Home Work.

1.—Inspection of Factories, Workshops and Workplaces.

Premises. (1)	Number of		
	Inspections. (2)	Written Notices. (3)	Prosecutions. (4)
Factories	99	7	—
Workshops	73	—	—
Total	172	7	—

2.—Defects found in Factories, Workshops and Workplaces.

Particulars. (1)	Number of Defects.		Number of Prosecutions. (4)
	Found. (2)	Remedied. (3)	
Nuisances under the Public Health Act :—			
Want of Cleanliness ..	3	3	—
Want of Ventilation ..	3	2	—
Overcrowding	—	—	—
Other Nuisances	6	6	—
Sanitary Accommodation Insufficient	8	7	—
Offences under the Factory and Workshop Act ..	—	—	—
Total	20	18	—

3.—Home Work.

The number of lists received from employers was as follows: —

	Twice in the year		Once in the year	
	Lists.	Outworkers.	Lists.	Outworkers
Wearing Apparel (making)	33	445	22	296

4.—Other Matters.

CLASS (1).

Matters notified to H.M. Inspector of Factories :—

Failure to affix Abstract of the Factory and Workshop Acts (S. 133, 1901)	None
Action taken in matters referred by H.M. Inspector as remediable under The Public Health Acts, but not under the Factory and Workshop Acts (S. 5, 1901)	Notified by H.M. Inspector 18 Reports (of action taken) sent to H.M. Inspector 16
Underground Bakehouses (S. 101) in use at the end of the year	1

IMPROVEMENTS TO HOUSES.

No. of
Houses.

Separate internal water supply in place of taps in common yards	245
Additional water closets	140
Houses formerly with common yards and common sanitary conveniences, which have now been provided with separate yards, separate sanitary conveniences, internal sinks, taps, &c.	204

HOUSING ACT, 1930.

Removals from Clearance Areas, Nos. 5 (Thornton Lane), 6 (Redcross Street), 7 (Bakehouse Lane), 8 (Britannia Street), 11 (Wharf Street Cottages), 12 (Fennel Street), 13 (Fleet Street), 14 (Fleet Street Terrace), and 15 (Upper Hill Street) to John Freake's, Northfield's and Braunstone Estates.

No. of families re-housed.	No. of persons re-housed.	No. of new houses used for re-housing.
Sec. 1. 163	634	163
Sec. 19. 79	341	79

SUPERVISION OF FOOD SUPPLIES.

TABLE A.

Summary of Foodstuffs condemned.

	Tons.	Cwts.	Qrs.	Lbs.
Meat	109	12	3	3
Fish	15	9	2	25
Fruit	2	17	2	10
Vegetables	9	15	0	12
Rabbits .. .. .	..	..	4507	
Preserved Foods (Tinned Goods)	..	..	11,616	
Poultry .. .. .	..	..	30	
Eggs .. .. .	..	..	138	
Hares .. .. .	..	..	124	
Bacon .. .. .	..	..	..	69
Lard .. .. .	..	..	..	56

TABLE B.

Total weights of British and Imported Meat and Offal rejected, at various premises.

		Tons.				Cwts.				Qrs.				Lbs.			
		British Meat.				Imported Meat.				British Offal.				Imported Offal.			
		Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.
Shops	.. ..	—	1	3	19	—	2	3	15	—	—	—	18	—	—	—	—
Private Slaughterhouses	..	23	17	1	2	—	—	—	—	3	1	3	16	—	—	—	—
Cattle Market	.., ..	53	3	3	20	—	—	—	—	27	15	—	11	—	—	—	—
Cold Stores	.. ..	—	10	1	4	—	—	—	—	—	—	—	—	—	—	—	—
Retail Market	.. ..	—	—	1	22	—	—	—	—	—	—	—	—	—	—	—	—
Wholesale Market (Imported)	.. ..	—	—	—	—	—	13	3	13	—	—	—	—	—	5	0	3
Railway Stations	.. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	.. ..	77	13	3	11	—	16	3	0	30	17	0	17	—	5	0	3

TABLE C.
Total weights of Carcases, Parts of Carcases, and Offal, rejected for all diseases.

	Carcase.				Parts of Carcase.				Offal.				Total.		
	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.	Lbs.	Tons.	Cwts.	Qrs.
Tuberculosis ..	25	7	2	0	27	16	1	20	15	1	3	25	68	5	3
Other defined Diseases ..	20	7	2	5	4	19	0	14	16	0	0	23	41	6	3
Totals ..	45	15	0	5	32	15	2	6	31	2	0	20	109	12	3

TABLE D.
Total number of Carcases found affected, for various diseases.

Carcases affected with Tuberculosis.	Carcases affected with other defined diseases.	Total number of Carcases affected. (All diseases)
4049	5338	9387

Number of healthy Carcases examined not available.

TABLE E.
Number of Carcases showing evidence of Tuberculosis and number of entire Carcases rejected.

	Beasts.	Calves.	Pigs.	Total.
Number of Carcases affected ..	1048	2	2999	4049
Number of entire Carcases rejected ..	76	—	73	149

TABLE F.
Total number of Carcases rejected for Tuberculosis and other defined diseases.

Disease.	Bulls.	Cows.	Heifers.	Bullocks.	Calves.	Sheep.	Lambs.	Pigs.	Total of all Carcases.
Tuberculosis ..	2	49	11	14	--	-	-	73	149
Other defined diseases ..	-	34	7	11	25	138	17	87	319
Totals ..	2	83	18	25	25	138	17	160	468

TABLE G.
Total number of all Carcases, parts of Carcases, and Offal, rejected for all diseases.

Disease.	Carcases.	Parts of Carcases.	Offals of Carcase.	Total number affected.
Tuberculosis ..	149	3231	669	4049
Other defined diseases ..	319	431	4588	5338
Totals ..	468	3662	5257	9387

TABLE H.
Total number of Carcases, parts of Carcases and Offal condemned in :—

	Carcases.	Parts of Carcases.	Offals of Carcase.	Total number affected.
Corporation Slaughterhouses (including Co-operative Society Slaughterhouse at Cattle Market) ..	378	3189	5066	8633
Private Slaughterhouses ..	88	337	118	543
Shops, Markets and other Premises ..	2	136	73	211
Totals ..	468	3662	5257	9387

TABLE I.

Tabulated List of other defined Diseases and their incidence in Carcases rejected.

Disease.	Cows.	Heifers.	Bullocks.	Calves.	Sheep.	Lambs.	Pigs.	Total.
Septic Mastitis ..	1	—	—	—	1	—	—	2
Dropsy ..	5	1	2	—	86	3	4	101
Fever—Acute ..	1	—	4	1	10	1	14	31
Pneumonia ..	1	—	—	—	—	—	2	3
Decomposition ..	—	—	—	—	1	3	4	8
Emaciation ..	4	1	—	1	8	3	1	18
Asphyxia ..	1	—	—	—	5	1	2	9
Dead Animals ..	1	2	—	—	15	4	20	42
Immaturity ..	—	—	—	21	—	2	—	23
Bruising—Extensive ..	1	—	1	—	10	—	1	13
Septic Metritis ..	4	—	—	—	—	—	—	4
Septicæmia ..	3	—	2	1	—	—	1	7
Septic Pericarditis ..	1	—	—	1	1	—	—	4
Johnnes' Disease ..	11	2	1	—	—	—	—	14
Jaundice ..	—	—	—	—	—	—	2	2
Swine Erysipelas ..	—	—	—	—	—	—	17	17
Acute Enteritis ..	—	—	—	—	1	—	5	6
Swine Fever ..	—	—	—	—	—	—	13	13
Uræmia ..	—	—	1	—	—	—	1	2
Total ..	34	7	11	25	138	17	87	319

Meat Traders' Stalls.

It is unsatisfactory to have to report that, apart from the recently reconstructed covered West Market, the butchers' stalls in the retail market show no improvement whatever. The bulk of the butchers' stalls are situated in the "open" market, and although various means (including prosecutions) have been employed in an endeavour to get them to comply with the Public Health (Meat) Regulations 1924 no progress has been made.

Although the above regulations have been in force more than 11 years the butchers have shown very little inclination to comply with them.

Leicester needs a properly constructed "covered" market as the exposure of foodstuffs such as meat, for sale in open places is highly unsatisfactory.

Milk Supply.

The supervision exercised by this sanitary authority over the actual production of the milk consumed by the people of Leicester is insignificant.

The number of dairy farms in the city has increased from 5 to 24 and the cow population from 85 to 538 since the extension of the city boundaries, but this only represents a production of something like 1,300 gallons per day.

Everything possible has been done in the way of sampling during the past year to ensure that the milk coming into the city is treated and handled satisfactorily and more samples of milk were taken for analysis than of any other food or drug.

A very large proportion of the milk consumed in Leicester is "heat-treated"—pasteurised or sterilized; a comparatively small amount is sterilized. However, there is an ample supply available of clean raw milk from tuberculin-tested cows, and it is gratifying that the price of this latter commodity has been reduced considerably. Actually, it is now obtainable at a lower price than ever before in the history of the milk trade.

The tables on page 210 show the number of samples taken for analysis.

Inspection of Dairy Cows.

During the year an arrangement was made with the Leicestershire County Council for the periodical inspection of dairy cows in the city by the County Council Veterinary staff (whose offices are close by) on

payment of a sum of £100 per annum, the inspections to include those required for the purposes of

The Milk and Dairies (Consolidation) Act, 1915.

The Milk (Special Designations) Order, 1923, and

The Milk and Dairies Order, 1926, Part IV.

Six cows suffering from Tuberculosis were discovered (all from the dairy farms in recently added areas) and the animals were slaughtered under the Tuberculosis Order, 1925—two of these are those referred to in the table of samples of milk examined for the presence of Tubercle Bacilli (page 213).

Three licences were issued to cowkeepers to use the designation “Grade A” after the herds had been duly inspected and the premises reconstructed and put into a good sanitary condition.

Milk and Dairies Order 1926.

	Number	Number refused	Number granted.
Applications for registration of premises as “dairies”	8	6	2
Applications for registration of persons as “dairymen”	33	—	33

SAMPLING.

Food and Drugs (Adulteration) Act.

NUMBER OF SAMPLES TAKEN FOR CHEMICAL ANALYSIS.

1931	1932	1933	1934	1935
1338	1470	1140	1099	1025

Number of Samples taken under Fertilisers and Feeding Stuffs Act, 1926	..	..	..	..	..	..	13
Number of Samples taken under Rag Flock Act, 1911	..	..	..	..	..	..	6

Milk (Special Designations) Order, 1923.

NUMBER OF SAMPLES TAKEN FOR BACTERIOLOGICAL EXAMINATION.

1931	1932	1933	1934	1935
253	352	365	380	362

ADMINISTRATIVE ACTION REGARDING SAMPLES NOT REPORTED TO BE GENUINE.

(For details of analysis, see Report of the Public Analyst, pages 190 and 191.)

Milk Samples Reported Not Genuine.

Sample No.	Article	Formal	In-formal	Remarks
608	Grade A Milk	—	1	Repeat sample reported "genuine." Cautioned by M.O.H.
209	Milk	1	—	Repeat sample reported "genuine." Summary proceedings taken—vendor fined £1.
211	"	1	—	Repeat samples reported "genuine." Cautioned by M.O.H.
615	Grade A Milk	—	1	"
616	"	—	1	"
618	Milk	—	1	"
195	"	—	1	Cautioned by M.O.H.
1451	"	1	—	Repeat sample reported "genuine." Cautioned by M.O.H.
645	Grade A Milk	—	1	"
1427	Milk	1	—	"
674	Grade A Milk	—	1	"
675	Milk	—	1	"
678	Grade A Milk	—	1	"
1259	Milk	1	—	Repeat samples reported "genuine." Cautioned by M.O.H.
1201	"	1	—	See No. 1500. Repeat sample reported "not genuine."
1500	"	1	—	Taken in connection with No. 1201. Referred to County Authority for further samples to be taken.
572	"	1	—	Repeat sample reported "genuine." Cautioned by M.O.H.
530	"	1	—	Repeat sample reported "genuine." Summary proceedings taken—vendor fined 40/-.
1129	"	1	—	Repeat sample reported "genuine." Cautioned by M.O.H.
1070	Grade A Milk	—	1	
425	Certified Milk	—	1	See No. 447. " Repeat sample "not genuine."
221	Milk	1	—	Four repeat samples reported "genuine" and one reported "not genuine." See No. 231
224	"	1	—	Three repeat samples reported "genuine."
447	Certified Milk	—	1	Taken in connection with No 425. Interviewed and cautioned by C.S. Inspector.
231	Milk	1	—	Taken in connection with No. 221. Cautioned by M.O.H.
9	"	1	—	No action taken against dairyman. Roundsman found to be tampering with bottles—discharged by firm.
14)	"	—	1)	See Nos. 17, 18, 19 and 20.
15)	"	—	1)	
63	"	1	—	
17	"	1	—	Sample repeated and reported "genuine."
18	"	1	—	Taken in connection with Nos. 14 and 15.
19	"	1	—	"
20	"	1	—	"

Samples other than Milk Reported Not Genuine

Sample No.	Article	Formal	In-formal	Remarks
1185	Sausage	—	1	Repeat sample reported "genuine." Cautioned by M.O.H.
1186	"	—	1	See No. 1190. Repeat sample reported "not genuine."
1190	"	1	—	Taken in connection with No. 1186. Cautioned by M.O.H.
1	Mussels	—	1	M.O.H. authorised to request Press to publish warning to the public that mussels should be cooked before consumption.
2	"	—	1	
3	"	—	1	
4	"	—	1	
5	"	—	1	
6	"	—	1	
7	Oysters	—	1	M.O.H. communicated with Fishmongers' Company and the Ministry of Health.
10	"	—	1	
11	"	—	1	
12	"	—	1	
143	Mixture for Colds	—	1	M.O.H. communicated with Pharmaceutical Union.
235	Influenza Mixture	—	1	"
238	Amm. Quinine Tablets	—	1	"
248	Prescription	—	1	Repeat sample reported "genuine." Cautioned by M.O.H.
1392	Flowers of Sulphur	—	1	" "
1315	Iodine Ointment	—	1	Repeat sample reported "genuine." Cautioned by M.O.H.
1213	"	—	1	" "
1215	"	—	1	" "
356	Cod Liver Oil	—	1	Interviewed and cautioned by C.S. Inspector. All stock withdrawn from sale.
389	Halibut Liver Oil	—	1	"
390	Cod Liver Oil	—	1	"
392	"	—	1	"
101	Camphorated Oil	—	1	Cautioned by M.O.H. Repeat sample reported "genuine."
S41	Port Wine	—	1	Sample brought in by private individual Two repeat samples taken early in January, 1936.
35/FF/9	Basic Slag	—	1	Interviewed and cautioned by C.S. Inspector.
35/FF/12	Winter Meal	—	1	"
35/FF/13	Sussex Ground Oats	—	1	"

EXAMINATION OF MILK FOR PRESENCE OF TUBERCLE
BACILLI.

Milk and Dairies (Consolidation) Act, 1915.

Number of Samples of Milk taken for microscopical and biological
examination for Tubercle Bacilli—

Year.	1931	1932	1933	1934	1935
Number taken ..	120	122	171	171	164
Percentage containing Tubercle Bacilli	10.83	9.8	.58	1.17	3.0

	Number of Samples taken.	Number reported containing Tubercle Bacilli.	Number reported negative.	Number unsatis- factory although negative as regards Tubercle Bacilli.
Cowkeepers with registered prem- ises within City boundaries ..	20	2	14	1
Cowkeepers with premises out- side City boundaries ..	144	3	110	4
Totals ..	164	5	124	5

City Herds.

Of the 20 samples of milk produced inside the City, 14 were reported negative—two, which were reported to contain T.B. were repeated and reported negative. Two cows were slaughtered under the T.B. Order, 1925.

The post-mortem examination of the guinea pig inoculated with the milk for which an unsatisfactory report was received is as follows :—

Guinea pig died—Sample repeated and reported negative. The three remaining samples will be reported upon next year.

County Herds.

Of the 144 samples of milk taken from Cowkeepers with premises outside the city boundary 110 were reported negative ; 3 were reported positive (these were referred to the County Authority for action.)

The post-mortem examinations of 4 guinea pigs inoculated with milk for which unsatisfactory reports were received are as follow :—

(1) Guinea pig died from causes other than Tuberculosis ..	Sample repeated and reported negative.
(2) Guinea pig died from non-tuberculous conditions prior to completion of the experiment	Do.
(3) Do.	Do.
(4) Died from causes other than Tuberculosis	Sample repeated—will be reported upon next year.

The remaining 27 samples will be reported upon next year.

OFFENSIVE TRADES.

Particulars of all Offensive Trades in the City.

Number of Tripe Dressers	13
„ „ Marine Store Dealers	12
„ „ Tallow Melters	1
„ „ Fellmongers	1

RENT RESTRICTIONS ACTS, &c.

Thirteen certificates were issued under the above Acts.

SLAUGHTERHOUSES.

Particulars of all Slaughterhouses in the City.

Registered Private Slaughterhouses	40
Licensed Private Slaughterhouses (includes two Knacker's Yards)	3
Corporation Slaughterhouses situated at Cattle Market and let off as Private Slaughterhouses	19
<hr/>	
Total Slaughterhouses	62
<hr/>	

SMOKE ABATEMENT.

Action taken re smoke nuisances :—

Observations taken of chimney stacks	101
Chimneys reported for causing nuisance	3
Cautions by Inspectors	2
Interviews of Engineers or Stokers by Inspectors	5
Informal Notices or Letters sent	3
Chimneys reported to Health Committee	1

LEGAL PROCEEDINGS.

Food and Drugs (Adulteration) Act, 1928	2
Public Health (Meat) Regulations, 1924	18

WORK CARRIED OUT IN DEFAULT OF OWNERS.

Ashbins supplied to dwelling-houses in default, and cost of same recovered from owners	8
---------------------------------------------------------------------------------------------------	---

LEGAL PROCEEDINGS.

Acts, Bye-laws or Regulations under which proceedings were instituted.	Default or Offence.	Result.	Fines. £ s. d.	Costs. £ s. d.
Food & Drugs (Adulteration) Act, 1928	Selling Adulterated Milk	Conviction	1 0 0	—
ditto	Selling Adulterated Milk	ditto	2 0 0	—
Public Health (Meat) Regulations 1924, Part IV. (Stalls)	Failing to display names and addresses on stalls and not properly screening meat stalls	Cases (eighteen) dismissed on payment of costs	—	4 0

F. G. McHUGH, M.R.San.I., M.S.I.A., *Chief Sanitary Inspector.*

**Report on the Work of the
Venereal Diseases Clinics
for the year 1935**

1. Report on Male V.D. Clinic for the Year 1935

(Leicester and Leicestershire)

By

C. HAMILTON WILKIE, M.B., Ch.B., B.Sc.

I beg to report on the work conducted at the Male Venereal Disease Department, Leicester Royal Infirmary, during the year 1935.

The Treatment Centre.

The V.D. Treatment Centre is situated at the Leicester Royal Infirmary. It consists of both out-patient departments and in-patient departments. This is the one centre for Leicester and Leicestershire.

The out-patient Male Clinic is held in the general out-patient department of the Infirmary at times when no other Clinic is in session. At this Clinic patients are seen by one of the V.D. Medical Officers.

Adjoining the out-patient department is an irrigation treatment room.

The Male in-patient department consists of one ward with six beds, a single room with one bed, and a treatment room.

The Male V.D. Staff consists of two Medical Officers, a senior Male attendant and two male porters.

The Pathological Department of the Infirmary conducts the major part of the pathological work of the V.D. Department.

The Clerical Staff, and Dispensers of the Infirmary, render valuable assistance.

Intermediate treatment (i.e. irrigations, etc.) is given daily by, or under the supervision of, the senior male attendant from 9 a.m. to 12 noon, and 5.30 p.m. to 7.30 p.m.; Saturdays 9 a.m. to 1 p.m. Sundays excepted.

Examinations and treatment by the Medical Officers are conducted at the following times :—Children : Mondays 3 to 3.30 p.m. Adults : Mondays 3.30 to 4.30 p.m., Wednesdays and Fridays 6.30 to 7.30 p.m., Thursdays 5 to 6.30 p.m.

Although these are the hours during which the doors are open to receive patients, the usual duration of a session is between two and three hours.

Acute emergency cases are seen at any time between 9 a.m. and 9 p.m.

Method of Keeping Statistical Records.

The Record Cards brought into force in 1931, when I took over charge of the Male V.D. Department, have recently been slightly altered in order to record further details of importance.

New Cases.

The total number of new Male cases for the year 1935 was 639, (1934—706), a decrease of 67 cases as compared with those of 1934.

Table I. shown below, gives details regarding all these new cases. I have distinguished between cases from the City of Leicester (T), and cases from the County of Leicester (C).

The Graph facing this page compares the numbers of new cases for each year since 1918.

Of the new cases 277 were "Non-venereal" (i.e. Cases who came for examination and tests but were found to be free from V.D.).

There were 209 cases of acute Gonorrhoea during the year. (1934—244), a decrease of 35.

The number of new Syphilitic cases was 92, as compared with 83 for 1934. The Syphilitics in the acute primary stage numbered 18 (1934—12), those in the secondary stage 12. (1934—9).

I can offer no explanation for the cause of this increase in Syphilitic cases except that it may be the result of the extensive campaign of V.D. Propaganda work conducted during my four years of office in Leicester. (See note on Propaganda Work.)

Cured Cases.

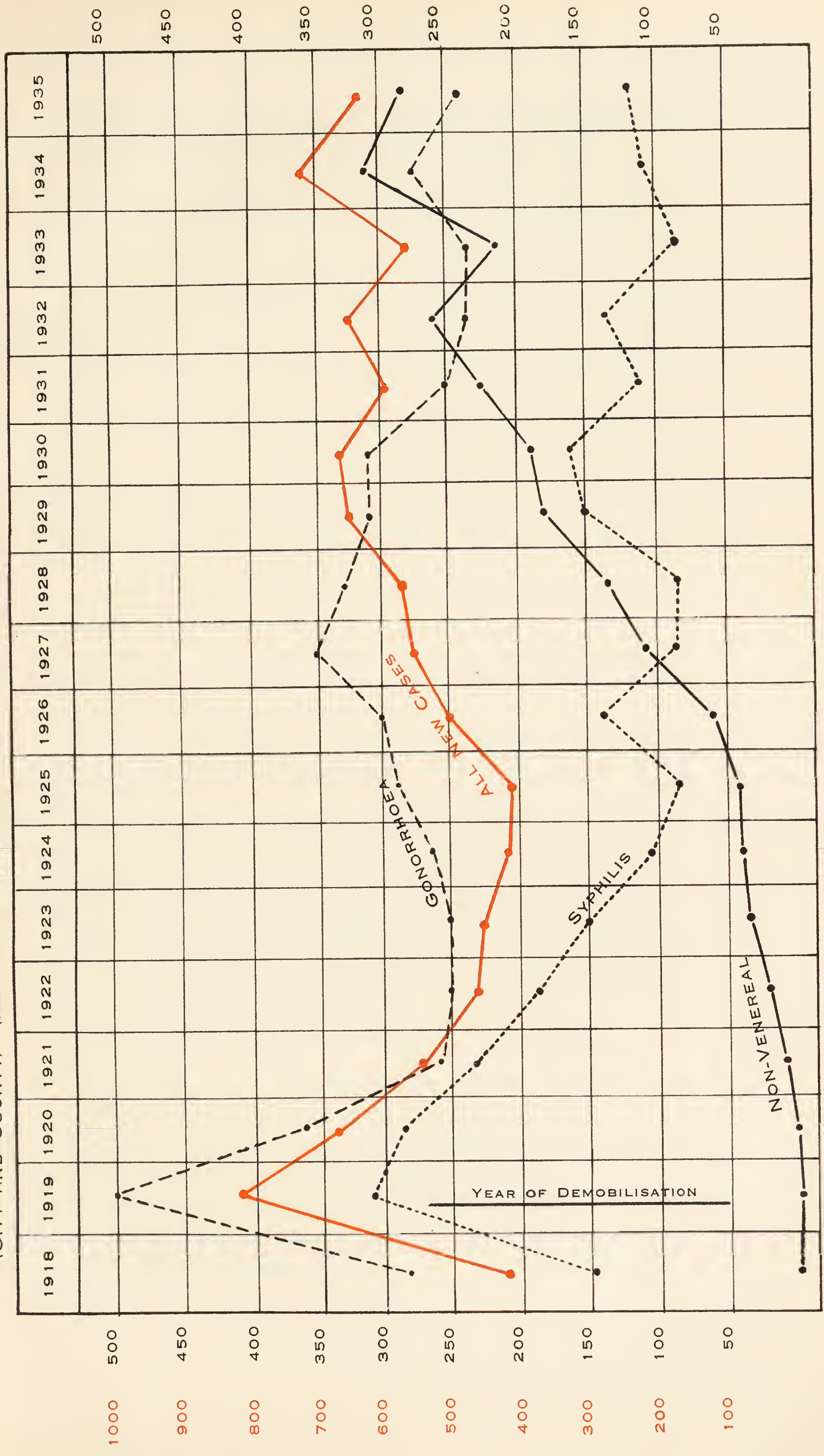
There were 193 cases of V.D. cured during the year.

Defaulters.

There are two types of "defaulters." The most serious type includes those patients who cease to attend the V.D. Clinic before completion of treatment.

NEW CASES ATTENDING MALE VENEREAL DISEASES DEPT. ROYAL INFIRMARY, 1918-1935

(CITY AND COUNTY) (RETURNED DEFAULTERS AND TRANSFERS FROM OTHER CLINICS INCLUDED)



The less serious type consists of patients who cease attending after completion of treatment, but before final tests have been done.

An analysis of the first more serious type of defaulter shows that 9 Syphilitic cases defaulted before completion of one complete routine "Course" of injections. Two of these cases were Syphilitics in the primary stage, and one case was in the secondary stage.

Acute Gonorrhoeal cases defaulting before completion of ten weeks treatment numbered 13.

Twenty-seven cases of Syphilis, mostly late stages, defaulted after completing at least one "Course" of injections.

Twenty-three cases of acute Gonorrhoea defaulted after having had at least ten weeks of treatment but before tests for a cure had been commenced.

Table I. (Defaulters) shows that 69 patients fall under the category of less serious defaulters. (Early Syphilitics—4, late Syphilitics—14, Gonorrhoeals—51.)

Fortunately, a considerable portion of these cases are probably cured although they did not turn up for all tests.

The question of absolute secrecy in a V.D. Department makes it very difficult when it comes to the problem of how best to get infected patients to attend until proclaimed cured.

Naturally many cases are under treatment for a considerable time, sometimes years, and are very apt to tire of attending especially if they "feel well."

The staff of a V.D. Clinic can do much towards getting patients to attend regularly and until cured. Speed in getting the cases examined and treated, a little encouragement where necessary, and the pointing out at frequent intervals of the dangers of defaulting, are all important.

As in previous years, all new cases who suffer from V.D. are informed that they will be written to in the event of their defaulting from treatment and observation.

If the patient objected to this an entry would be made to such effect and no letter sent.

There is little likelihood of any objection being given especially on first attendance and so far there has been no objection raised.

The form of this letter sent is a typewritten non-committal one requesting the patient to call at his earliest convenience.

This note is signed by the Senior V.D. Medical Officer.

Should the defaulter ignore this first letter a second one, pointing out the dangers of defaulting, is sent.

This year under review, 9 cases returned as a result of having received such a letter.

Unfortunately, sometimes the letters are returned marked "not found at this address."

Propaganda Work.

A considerable amount of work has been done during the last three years to enlighten the public on the dangers of venereal disease and efforts made to make it more generally known that a free treatment V.D. Centre exists.

A review of the lectures which I have had the privilege of giving is shown below.

LIST OF V.D. LECTURES.

1933.

1. Tues. 2/ 5/33. Royal Infirmary. (Post Graduate Nurses.
2. *Wed. 6/12/33. Rechabite Hall, Leicester. (Men only.)
3. *Wed. 13/12/33. Edward Wood Hall, Leicester. (Women only.)

1934.

4. Tues. 13/ 2/34. Town Hall, Loughborough. (Women only.)
5. Thurs. 15/ 2/34. Town Hall, Loughborough. (Men only.)
6. Mon. 19/ 2/34. Bath's Hall, Coalville. (Men only.)
7. Tues. 20/ 2/34. Bath's Hall, Coalville. (Women only.)
8. *Wed. 21/ 2/34. Edward Wood Hall, Leicester. (Men only.)
9. *Thurs. 22/ 2/34. Rechabite Hall, Leicester. (Women only.)
10. Wed. 30/ 5/34. Royal Infirmary (Medicals only) (Subject—"Treatment of Congential Syphilis").
11. Fri. 16/11/34. Y.M.C.A. Hall, Leicester. (Mixed audience.)
12. *Wed. 21/11/34. Vaughan College, Leicester. (Men only.)
13. Fri 7/12/34. Educational Buildings. (St. John Ambulance.)

1935.

14. *Wed. 6/ 3/35. Vaughan College, Leicester. (Men only.)
15. Tues. 2/ 4/35. Turkey Cafe, Leicester (Men only—"Round Table.")
16. Thurs. 14/11/35. Police Headquarters, Leicester. (Policemen.)
17. *Thurs. 21/11/35. Vaughan College, Leicester. (Men only.)

* *These lectures were organised by Leicester Public Health Dept.*

All these lectures were accompanied by lantern slides of diagrams and cases photographed at Leicester V.D. Dept.

It will be observed that during the last three years 17 V.D. lectures have been given. (4 in 1935.)

All lectures were excellently patronised, the halls always being well filled.

I am of the opinion that the public are more keen to know true facts concerning sex diseases and sex problems than some people would like to admit, and that propaganda work of this type does help in our fight to reduce the number of cases suffering from venereal disease.

I find that men are more impressed by a scientific lecture, supplemented by lantern slides, than by an obviously acted film showing a "broken romance" resulting from venereal disease.

Attendances.

The total number of attendances for the year were 16,384.

In-Patients.

Patients admitted to the ward number 35. The total in-patient days were 1,531. (Average in-patient days per man 43.7.)

This high average is due to the fact that four particularly acute cases had unavoidably to be kept in for a considerable period. One acute case was in for a period of nine months.

The types of conditions treated in the ward were as follow:—

Acute gonorrhoeal rheumatism	7	Epididymitis	6
Acute prostatitis (G.C.) ..	4	Circumcisions ..	3
Severe rashes (Sy.)	4	Perineal abscess ..	2
Primary sore (Phagedenic) ..	2	Jaundice (arsenical) ..	1
Severe bilateral bubo	1	Iritis	1
Gumma and destruction of eye	1	Sy. bone disease ..	1
Ac. retention of urine	1	Severe cystitis ..	1
Gumma plus malignancy ..	1	Sy. ulcer of foot ..	1

Thirty operations, under anaesthesia, were performed during the year.

Pathological Work.

The total number of pathological tests for the year was 2,114. (Male Dept. only.) (See Table I.)

City General Hospital.

As consulting venereologist to this hospital, 12 official visits were made.

Close co-operation between the City General Hospital and the V.D. Centre at the Royal Infirmary is an essential part in the V.D. Scheme of the City.

Co-operation with General Practitioners.

I am pleased to report that during 1935 co-operation with General Practitioners in the City and in the County showed marked improvement. Doctors who send in patients to the male V.D. Dept. are showing a welcome tendency to send the patient early and with an accompanying letter. In all such cases the letters are answered at an early date by the Senior V.D. Medical Officer, thus the doctor knows the findings and what is being done for his patient. By such means it is often possible to get infected contacts, who might otherwise not be traced, sent to the V.D. Centre.

Sent by :—

The following details show “at whose recommendation” the new cases came :---

Self	..	..	..	..	..	353
Practitioners	..	..	..	..	..	147
Infirmary	..	..	..	..	..	55
Transfers (from other Centres)	..	..	..	..	..	50
R.I. Female Dept.	..	..	..	..	..	23
Relatives	..	..	..	..	..	11

Total	..	..	..	..	..	639

Age Incidence of Male New Cases, 1935.

Years	..	..	-15	-20	-25	-30	-35	-40	-45	-50	-55	-60	-70
Number	..	..	22	22	134	135	105	59	56	29	30	19	28

Numbers of Male New Cases—Married, Single, Widower or at School.

Single	..	..	..	..	299
Married	..	..	..	..	297
Widower	..	..	..	..	23
At School	..	..	..	..	90

Total	..	..	..	..	639

Analysis of Occupations of New Male Cases.

Occupation.	No.	Occupation.	No.
Labourers	110	Shop Assistants	31
Engineers	93	Miscellaneous	23
Hosiery Workers ..	56	School Children.. ..	18
Boot and Shoe Workers	55	Managers and Foremen	16
Travellers	55	Agricultural Workers ..	16
Building Trade	53	The Services	13
Transport	48	Miners	11
Office Workers .. .	32	Furnishing and Printing	9
			<hr/> 639 <hr/>

Numbers from Various Areas in the County.

Area.	No.
*Loughborough	33
Hinckley	25
*Coalville	23
Market Harborough	17
Melton	12
Lutterworth	11
Within 5 miles of City	50
	<hr/>
Total	171
	<hr/>

**It will be observed that Public Lectures on Venereal Diseases have been given in these areas.*

Source of Infection (When Definitely Ascertained.)

Source.	No.
Stranger	172
Old Syphilis, etc.	50
Friend	49
*Prostitute	31
Wife	28
Congenital (hereditary)	13
Exposure denied	12
Fiancée	7
	<hr/>
Total	362
	<hr/>

**For this record, a prostitute is defined as a venereal diseased female contact who received money from the infected male case.*

New Apparatus for Male V.D. Department.

As a Bacteriologist and V.D. Pathologist, I have always been in favour of facilities for rapid examination of material (urethral smears and serum from sores) in cases where speed in diagnosis is essential.

Towards the latter part of the year I applied for a Microscope with dark-ground illumination for such emergency tests.

This has now arrived and will be in use during 1936. It is not, however, intended that this will replace the major V.D. microscopical work conducted in the Pathology Dept. at the Royal Infirmary.

In addition the V.D. Dept has recently been supplied with a Diathermy apparatus and some old instruments replaced by new ones.

As in previous reports, I again wish to acknowledge the excellent services of the Medical, Nursing, Dispensary and Clerical Staff associated with the Male V.D. Department.

(Signed),

C. HAMILTON WILKIE.

TABLE 1.

1935	VENEREAL CASES						NOT V.D.		Totals		GRAND TOTALS
	Syphilis		Soft Sore		Gonorrhoea		T	C	T	C	
	T	C	T	C	T	C					
New Cases ..	81	34			180	67	207	70	468	171	
	115				247		277		639		639
Cases on books 1-1-35	132	76			144	38	8		284	144	398
Returned Defaulters	7	2							7	2	9
Syphilis Primary											
WR —	5	5							5	5	10
,, ,, WR +	5	3							5	3	8
,, Secondary	8	4							8	4	12
Latent Sy., 1st. Yr.											
All later stages ..	38	15							38	15	53
Congenital Sy. ..	6	3							6	3	9
Soft Sore											
Gonorrhoea (Ac. & Ch.)					153	58			153	58	211
Non-Venereal ..							207	70	207	70	277
Transfers from ..	12	2			27	9			39	11	50
Totals (T. & C.) ..	81	34			180	67	207	70	468	171	639
Totals New & Old	213	110			324	105	215	70	752	285	1037
Cured & N.V.D's.	18	12			121	42	211	69	350	123	473
Ceased attendance before completion of Treatment ..	22	14			28	8			50	22	72
Ceased attendance after completion of Treatment ..	15	4			38	12			53	16	69
Transferred ..	20	7			46	10			66	17	83
On records 1-1-36..	138	73			91	33	4	1	233	107	340
Attendances seen by M.O.	2474	1257			2715	763	499	162	5688	2182	7870
Ditto Intermediate	9	12			7744	543	185	21	7938	576	8514
Ditto Totals ..	2483	1269			10459	1306	684	183	13626	2758	16384
In-Patients ..	3	8			16	6	1	1	20	15	35
Aggregate days ..	224	213			784	297	2	11	1010	521	1531
PATHOLOGICAL WORK											
Tests for Spiro- chaetes											28
W.R's.											647
Smears for G.C. ..											758
Kahn Tests											647
C.S.F.											24
C.F.T. for Gon.											10
Totals											2114

TABLE 23.

VENEREAL DISEASE CLINICS AT ROYAL INFIRMARY.

NEW PATIENTS ATTENDING FOR THE FIRST TIME. (City Cases only.)

YEAR.	MALES.			FEMALES.		
	SYPH.	GON.	Not. V.D.	SYPH.	GON.	Not V.D.
1922	144	172	18	147	25	9
1923	105	184	23	113	50	28
1924	79	146	41	99	90	41
1925	66	202	50	72	84	42
1926	81	265	44	70	115	38
1927	70	275	90	75	102	79
1928	71	246	117	104	136	60
1929	125	266	106	80	126	42
1930	134	232	117	83	129	67
1931	78	175	151	69	86	90
1932	80	204	201	73	94	115
1933	59	181	160	59	100	79
1934	70	217	218	54	133	32
1935	81	180	207	108	182	145

2. Report on the Female Clinics for Venereal Disease for Leicester and Leicestershire for the Year 1935

By

BESSIE W. SYMINGTON, M.D., B.S. (Lond.)

The Female V.D. Department for both City and County is carried on at the Leicester Royal Infirmary and at St. Mary's Home.

At both, there are In-patient and Out-patient Departments.

At the Leicester Royal Infirmary—

Out-patients are seen 3 days a week in the general Out-patient department.

In-patients are treated in a special ward containing 7 beds.

1 bed is used in a side ward for Maternity cases.

2 cots for little girls.

Cradles for babies when necessary.

At St. Mary's Home the problem of the unmarried girl is considered.

Out-patients are seen once a week.

In-patients occupy 9 beds.

4 beds in one ward for pregnant or maternity cases.

5 beds for young unmarried girls.

Patients from other counties are also admitted.

In addition, at both centres, times are set apart for daily treatment as prescribed. This is undertaken by the Sisters in charge.

All pathology is done at the Pathological Department of the Leicester Royal Infirmary.

Prophylactic Work.

This is important and may be described in three ways.

1. Lectures.

Two have been given by Dr. Mary Newton Davies in the Vaughan College, and arranged by the Health Office.

Over 250 were present at each, and both were illustrated by lantern slides, and ended by a short film showing the evils of postponed treatment.

2. Time taken during each Clinic in explaining the nature of the disease and persuading the patient to ask her husband or fiancé to be examined at the Male Clinic.
3. Ante-natal treatment of mothers, which is begun as soon as possible.

New Patients.

The number examined has varied very little from that of last year. 399 have presented themselves for examination (394 last year).

Analysis of New Patients.

Royal Infirmary	..	..	..	..	394		
St. Mary's Home	..	..	..	..	5	=	399

Cases passed on from 1934.

Royal Infirmary	..	..	..	..	303		
St. Mary's Home	..	..	..	..	55	=	358
							<hr/>
Total	..	..	..	..	..	..	757

Analysis of New Patients According to District :

Royal Infirmary.

				<i>City</i>	<i>County</i>	<i>Total</i>
Syphilis	..	..	..	108	44	152
Gonorrhoea	..	..	..	182	60	242

St. Mary's Home.

				<i>City</i>	<i>County</i>	<i>Total</i>
Syphilis	..	..	..	—	2	} 5
Gonorrhoea	..	..	..	2	1	

53 infected cases have been passed on from the Royal Infirmary Clinics to that of St. Mary's Home.

New cases of :—

Syphilis.

17 showed primary sores with infection of blood.

60 showed later symptoms.

15 were treated for congenital disease.

Gonorrhoea :

140 probably began treatment within the first year of infection.

Not suffering from Venereal Disease :

145 have been diagnosed free from disease.

These are cases who have asked for or have been advised to be examined and have been tested and kept under observation for the necessary time.

Out-patients' Attendances.

Visits paid to Royal Infirmary	..	11,402
Visits paid to St. Mary's Home	..	1,810
		<hr/>
Total	..	13,212

Analysis of Attendances.

For individual attention of Medical Officer :

Royal Infirmary	..	..	..	7,287	=	8,375
St. Mary's Home	..	..	..	1,088		

For intermediate treatment.

Royal Infirmary	..	..	..	4,115	=	4,837
St. Mary's Home	..	..	..	722		

13,212

Attendances Classified.

To Royal Infirmary :	City.	County.	Total.
Syphilis	2,876	1,454	4,330
Gonorrhoea	5,264	1,313	6,577
Not Venereal Disease	403	92	495
			<hr/>
			8,543
			<hr/>
			2,859
			<hr/>
			11,402
			<hr/>

To St. Mary's Home :	<i>City.</i>	<i>County.</i>	<i>Total.</i>
Syphilis	321	107	428
Gonorrhoea	978	326	1,304
Not Venereal Disease ..	63	15	78
	<hr/>	<hr/>	<hr/>
	1,362	448	1,810
	<hr/>	<hr/>	<hr/>

Treatment.

The total number of injections, male and female, given during the year has been 7,183.

3,460 have been given in Female Clinics.

Analysis of numbers :

Royal Infirmary ..	3,227
St. Mary's Home ..	233

This includes 113 injections of Tryparsamide given to old cases of neurosyphilis.

Results of Treatment.

Cured cases number .. 144

Analysis of these :

Royal Infirmary.

Syphilis	27	=	123
Gonorrhoea	96		

St. Mary's Home.

Syphilis	—	=	21
Gonorrhoea	21		

At least 3 months of observation without treatment has been allowed to every case of gonorrhoea before the patient has been pronounced cured.

The cure of the woman who has incurred gonorrhoea is one of the most serious problems, but this year in no case has the disease been found in any woman who has asked for re-examination.

Average time taken for treatment and cure for :—

Unmarried woman	9 months
Married woman	16 months.

Defaulters.

33 cases failed to attend until final tests for cure were made.

Syphilis 20.

Gonorrhoea 13

This year there has been no defaulter among the acute infectious cases of syphilis.

Letters are sent to defaulters at regular intervals. The Maternity and Child Welfare Department always gives help when asked.

At St. Mary's Home an outworker visits if attendances are irregular.

Ante-natal Work.

Co-operation with the Maternity and Child Welfare Medical Officer is aimed at.

Treatment is started as early as possible and given all through pregnancy.

Unmarried infected girls are admitted to St. Mary's Home.

37 cases of pregnancy have been examined.

26 of them have been treated up to and after confinement.

11 cases have been watched and diagnosed "non-V.D." and sent to their own doctor or to a midwife for confinement.

17 confinements have taken place in the small maternity ward.

Of these there were :—

1 case of syphilis.

16 cases of gonorrhoea.

Syphilitic Cases.

1 apparently healthy.

Gonorrhoeal Cases.

13 healthy babies.

1 stillborn.

1 premature (between 6 and 7 months).

No serious case of gonorrhoeal ophthalmia has occurred in any baby born in the ward.

One baby sent by an outside practitioner after confinement was treated and discharged cured.

Children.

Special time, after school hours, is kept one evening in the week for the treatment of children.

Little boys as well as girls, are treated in the female department.

23 new cases have been treated this year.

Each case, the mother, father (and other children in the family, if thought necessary) have been told to come for examination.

Number analysed :—

Congenital syphilis	15
Infectious gonorrhoea	8

All cases of acute infection of gonorrhoea in children are taken into the ward.

Each one has been kept in 6 weeks to 2 months.

All babies where mothers have had ante-natal treatment, are watched and afterwards passed to the Child Welfare Centres.

In-patients' Department.

The number of patients treated in the wards during the year is 147.

Royal Infirmary	107
St. Mary's Home	40

In addition 15 babies have been born in the maternity ward.

Analysis of Cases.

Royal Infirmary.

City :	Syphilis ..	..	..	..	8	73
	Gonorrhoea	..	..	..	59	
	Non-V.D.	..	..	..	6	
—						
County :	Syphilis ..	..	..	..	5	34
	Gonorrhoea	..	..	..	26	
	Non-V.D.	..	..	..	3	
—						

St. Mary's Home.

City ..	..	..	..	..	..	19	
County	..	..	..	..	..	9	
						—	28
Other Counties		..	..	..	..	12	
						—	12

Cases treated in the ward are chiefly the infectious type.

Acute salpingitis	..	..	..	..	..	18
Acute infection of urethra	..	..	..	..	..	20

These are early gonorrhoeal infections and are admitted as soon as possible.

Vulvo vaginitis of little girls	..	..	..	..	8
Confinements	..	..	..	..	17
Gonorrhoeal rheumatism	..	..	..	..	4
Ophthalmia-neonatorum	..	(discharged cured)			1

Syphilitic cases:

Secondary acute infections	..	..	..	..	2
Keratitis of eyes	..	..	..	..	1
Tabes	..	..	..	..	1
Jaundice	..	..	..	..	2

Operations performed:

Amputation of cervix	..	..	..	..	1
Curettage	..	..	..	..	1
Removal of infected polypus	..	..	..	..	2
Opening of Bartholine's Abscess			..	..	10

The last are generally done in the Out-patients' Department, and the patient admitted afterwards if necessary.

“Follow-up” Work.

The Maternity and Child Welfare Department is a valuable medium through which a mother and baby may be watched.

The School Medical Officer is informed when a child is fit for school.

At St. Mary's Home, a special visitor helps the girls, who are able, to obtain suitable work.

The personal interest in each case felt by those working in the wards and clinics is a valuable help. The patients much appreciate this, and I should like to express my thanks to my assistant Dr. Newton Davies and to the sisters and nurses in charge of both departments.

BESSIE W. SYMINGTON, M.D., B.S. (Lond.)
(Medical Officer of Female Venereal Clinics.)

APPENDIX IX.

FINANCIAL TABLES

(Supplied by City Treasurer)



CITY GENERAL HOSPITAL.

Income and Expenditure for the two years ended
31st March, 1936.

EXPENDITURE.								Year 1934-35	Year 1935-36
Salaries and Wages :—								£	£
Medical Staff	..	..	..	..	..	..	..	2520	3730
Nursing Staff	..	..	..	..	..	..	..	6622	7474
Other Staff	..	..	..	..	..	..	..	7668	8518
Corporation's Contributions to Superannuation Fund under Act of 1922	..	..	..	..	..	..	..	473	605
Superannuation Allowances under Act of 1896	..	..	..	..	..	..	..	436	595
National Insurance	..	..	..	..	..	..	..	375	410
Provisions :—									
Staff	..	..	..	..	..	..	..	3796	4138
Patients	..	..	..	..	..	..	..	7656	7937
Clothing :—									
Staff	..	..	..	..	..	..	..	174	306
Patients	..	..	..	..	..	..	..	270	277
Drugs and Medical Appliances	..	..	..	..	..	..	..	3719	4478
Fuel, Light and Water	..	..	..	..	..	..	..	3918	4209
Laundry :—Wages and Materials	..	..	..	..	..	..	..	1318	1425
Furniture and Fixtures	..	..	..	..	..	..	..	737	1311
Hardware and Crockery	..	..	..	..	..	..	..	369	421
Bedding and Linen	..	..	..	..	..	..	..	565	832
Cleaning Materials	..	..	..	..	..	..	..	307	318
Disinfectants	..	..	..	..	..	..	..	61	37
Education and Training Sundries	..	..	..	..	..	..	..	104	119
Buildings, Plant and Machinery :—									
Additions and Alterations	..	..	..	..	..	..	..	1791	1031
Renewals and Repairs	..	..	..	..	..	..	..	3707	4595
Painting and Decorating	..	..	..	..	..	..	..	915	865
Maintenance of Grounds	..	..	..	..	..	..	..	922	1000
Removal of Patients	..	..	..	..	..	..	..	374	437
Travelling Expenses and other Transport	..	..	..	..	..	..	..	363	484
Printing and Stationery	..	..	..	..	..	..	..	379	471
Telephone	..	..	..	..	..	..	..	98	108
Sundries	..	..	..	..	..	..	..	263	260
Rates, Rent and Income Tax	..	..	..	..	..	..	..	2337	2237
Insurance : Fire, &c.	..	..	..	..	..	..	..	104	96
Farm and Garden	..	..	..	..	..	..	..	208	145
Purchase of Land	..	..	..	..	..	..	..	—	100
Loan Charges :—									
Interest	..	..	..	..	..	..	..	1020	1050
Repayment of Debt	..	..	..	..	..	..	..	1969	1138
Orthopaedic School :—									
Salaries	..	..	..	..	..	..	..	575	665
Books, etc.	..	..	..	..	..	..	..	46	11
Total Expenditure	..	..	..	..	..	..	..	56159	61833
Less Miscellaneous Income	..	..	..	..	..	..	..	190	288
Net Expenditure for Maintenance	..	..	..	..	..	..	..	£55969	£61545
Net Expenditure per Patient Day	..	..	..	..	..	..	..	s. d. 7 4	s. d. 8 2
INCOME.									
Income for Maintenance :—								£	£
Mental Deficiency Committee	..	..	..	..	..	..	..	179	117
Education Committee	..	..	..	..	..	..	..	138	322
Other Local Authorities	..	..	..	..	..	..	..	3364	3522
Relatives, Patients (Ministry of Pensions for Treatment of Ex-Servicemen) and Saturday Hospital Fund.	..	..	..	..	..	..	..	2857	2876
								£6538	£6837
Net Cost (including Loan Charges)	..	..	..	..	..	..	..	£49431	£54708
Number of Patient Days	..	..	..	..	..	..	..	153,242	151,136

ISOLATION HOSPITAL AND SANATORIUM.

Income and Expenditure for the two years ended
31st March, 1936.

EXPENDITURE.	Year 1934-35.	Year 1935-36.
	£	£
Salaries and Wages (<i>see also below</i>)	10939	11462
Superannuation : Corporation's Contributions and Additional Allowances	552	571
National and Workmen's Compensation Insurance Provisions	259	259
Drugs, Medical Appliances, &c.	8161	8129
Fuel, Light, Water and Power	2435	2129
Furniture, Bedding and Linen	3881	4220
Crockery and Hardware	1018	813
Uniforms and Dresses	185	223
Cleaning Materials	166	306
Laundry (including Wages)	205	180
Structural Renewals, Repairs and Painting (including Wages)	563	672
Water Mains and Fire Appliances	2431	2589
Grounds, &c. (including Wages)	608	—
Transport (including Wages)	1323	1251
Printing, Stationery, Postage and Telephone	897	957
Rates and Insurance	229	275
Miscellaneous	1163	1098
Sanatorium School—Salaries, &c.	131	201
Occupational Treatment—Wages, Materials, &c.	534	567
X-ray and Light Treatment Supplies	538	360
Rent	378	803
Loan Charges :—	—	116
Interest	1100	978
Repayment of Debt	1791	1823
Total Expenditure	£39,487	£39,982
Less Sale of Produce (including supplies from Garden, &c., to Institution) and Miscellaneous Income	1522	1510
Net Expenditure for Maintenance	£37,965	£38,472
Net Expenditure per Patient Day	7s. 0d.	8s. 3d.
Income for Maintenance of Patients (including Con- tributions by Patients and Relatives in respect of “Home Place” Sanatorium)	887	454
Net Cost (including Loan Charges)	£37,078	£38,018
Number of Patient Days	108,173	93,647

HOME PLACE SANATORIUM, HOLT.

Income and Expenditure for the Two Years ended
31st March, 1936.

	Year 1934-35.	Year 1935-36.
EXPENDITURE.		
Salaries and Wages (<i>see also below</i>), &c.	£728	£722
Superannuation : Corporation's Contributions ..	19	19
Insurance (National and Workmen's Compensation)	23	23
Rates and Land Tax	87	90
Heat, Light and Water	336	166
Provisions	887	961
Medical Requisites	9	8
Laundry	27	24
Buildings, &c.—Repairs and Painting	198	141
Upkeep of Grounds, &c. (including Wages) ..	494	471
Travelling Expenses and Transport	122	128
Furniture and Bedding	124	43
Pigs and Poultry	104	109
Insurance	6	6
Miscellaneous	103	122
Total Expenditure	£3267	£3033
Less Sale of Produce (including supplies from Garden to Institution) and Miscellaneous Income	194	225
Net Expenditure for Maintenance	£3073	£2808
Net Expenditure per Patient Day	7s. 4d.	6s. 10d.
INCOME.		
Income for Maintenance of Patients	32	..
(Note : Contributions from Patients credited to Isolation Hospital and Sanatorium)		
Net Cost	£3041	£2808
Number of Patient Days	8336	8190

MATERNITY HOME, WESTCOTES DRIVE.

Income and Expenditure for the Two Years ended
31st March, 1936.

	Year 1934-35.	Year 1935-36.
EXPENDITURE.		
Salaries including Medical Fees (<i>see also below</i>) ..	£ 893	£ 1015
Superannuation : Corporation's Contributions ..	53	52
Insurance (National, Workmen's Compensation and Guarantee)	19	21
Uniforms and Dresses	44	56
Provisions	961	884
Drugs and Medical Requisites	200	251
Fuel, Light and Water	539	539
Laundry (Wages and Materials)	258	272
Furniture	17	62
Bedding and Linen	72	109
Crockery and Hardware	13	25
Cleaning Materials	37	25
Lecture Fees, &c.	151	157
Repairs, Painting, &c.	15	138
Garden and Grounds	176	163
Rates	213	220
Insurance (Fire, etc.)	21	15
Printing, Stationery, Telephone and Sundries ..	83	179
Loan Charges :—		
Interest	314	274
Repayment of Debt	623	641
Total Expenditure	£4702	£5098
Less Training Fees, Rent of Garages and Miscellaneous Income	586	501
Net Expenditure on Treatment of Patients	£4116	£4597
Net Expenditure per Patient Day	13s. 8d.	14s. 4d.
INCOME.		
Income from Maternity Fees	2293	2487
Net Cost (including Loan Charges)	£1823	£2110
Number of Patient Days	6039	6421

DAY NURSERY.

Income and Expenditure for the Two Years ended
31st March, 1936.

EXPENDITURE.	Year 1934-35.	Year 1935-36.
	£	£
Salaries	651	647
Superannuation : Corporation's Contributions ..	31	31
Insurance	23	22
Rent and Rates	348	352
Furniture and Equipment	46	59
Repairs, Painting, &c.	76	58
Fuel, Light, Water and Cleaning	238	227
Provisions	520	522
Drugs and Medical Requisites	5	4
Laundry	165	159
Uniforms and Clothing	73	90
Printing, Stationery, Postage and Telephone ..	9	11
Lecture Fees	21	11
Sundries	15	26
	£2221	£2219
INCOME.		
Maintenance Charges	706	681
Contribution from Education Committee in respect of Mothercraft :—		
Tuition	150	150
Meals for School Girls	37	33
Meals for Mothers	12	8
	£905	£872
Net Cost	£1316	£1347

INFANTS' MILK DEPOT.

Income and Expenditure for the Two Years ended
31st March, 1936.

	Year 1934-35.	Year 1935-36.
EXPENDITURE.		
	£	£
Salaries and Wages	486	484
Superannuation : Corporation's Contributions ..	19	19
Purchase of Milk, &c.	1441	1749
Medical Requisites, &c.	32	53
Rent, Rates and Insurance	158	160
Fuel, Light and Water	48	54
Telephone	8	9
Printing, Stationery and Sundries	32	33
Total Expenditure	£2224	£2561
INCOME.		
Sale of Milk, &c.	1792	2156
Maternity and Child Welfare Account :—		
Proportion of Salary of Manageress	150	150
Proportion of Rent	50	50
Total Income	£1992	£2356
Net Deficiency	£232	£205

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